FORM 400

FACE SHEET

FILING ADMINISTRATIVE REGULATIC
WITH THE SECRETARY OF STATE

(Pursuant to Government Code Section 11380.1)

RECEIVED FOR FILING
NOV 24 1961
Office of Administrative Procedure

ENDORSED
APPROVED FOR FILING
(GOV. CODE 11380.2)
NOV 24 1961
Office of Administrative Procedure

DO NOT WRITE IN THIS SPACE

Copy below is hereby certified to be a true and correct copy of regulations adopted, or amended, or an order of repeal by:

State Department of Social Welfare
(Agency)

Dated: November 22, 1961

By: [signature]
Director
(Title)

FILED
In the office of the Secretary of State
of the State of California
NOV 24 1961
At 3:50 o'clock P M.
FRANK M. JORDAN, Secretary of State
By [signature]
Assistant Secretary of State

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

A-014.70 COUNTY RESPONSIBILITY FOR INFORMING APPLICANTS AND RECIPIENTS A-014.70

Pursuant to W&IC Sec. 103.3, 2016, 2019 and 2220.5, the applicant or recipient shall be (a) informed of the eligibility requirements for OAS, (b) notified of any county action which relates to his application or affects aid payment to him and (c) advised of his responsibility for reporting facts material to the determination of his eligibility. All such notifications, advice, etc., shall be in simple understandable language, individualized on the basis of the circumstances in the particular case. Required notifications include:

A. Notice of County Action Granting Aid or Changing the Amount of the Grant

Immediately following county action, granting aid or changing the amount of the grant, the applicant or recipient shall be notified in writing of the action taken. Forms AG 239, or 239A, Notice of Action - OAS, or substitute forms containing substantially the same information as appears on the Form AG 239, or AG 239A, shall be used for this notification. (See Handbook Sec. A-025.15)

Exception: Form ABCD 239, or an equivalent substitute form or letter may be used in lieu of the AG 239 or AG 239A to report county action authorizing a supplemental grant. (See Handbook Sec. A-025.16)

B. Notification When Application is Held Pending Eligibility

When an OAS application is being held pending eligibility as provided in Sec. A-014.45, the applicant shall be notified in writing of the determination. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification. Form AG 239-C shall also be sent to the applicant as notification of his responsibility to report changes in his circumstances.

C. Notice of County Action Denying, Withholding, or Discontinuing Aid

Immediately following county action denying an application, withholding, canceling or discontinuing aid payment, the applicant or recipient shall be notified in writing of the action taken. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification. (See Sec. A-226.10 for additional information to be included on the required notification when the aid payment is withheld.)

(Continued)

These Regulations are designated to become effective January 1, 1962.

88449 11-53 5M SPO

A-014.70 (Continued)

A-014.70

D. Notification When Application is Withdrawn

When the applicant withdraws his application, Form DPA 8, Notice to Applicant who Withdraws Application, or an equivalent substitute form, shall be mailed or given to him unless the county elects to deny the application, in which case a Form ABCD 239 or appropriate substitute, shall be sent to him.

E. Notice to Recipient of His Responsibility

Every recipient shall be notified regularly of his responsibility for reporting facts material to a determination of his eligibility and amount of grant. To accomplish this, Form AG 239 C, Important Notice to All OAS Recipients, or a substitute form containing substantially the same information shall be mailed to the recipient as specified below:

1. At the time of the initial warrant on new cases or restorations

2. At least semi-annually on all continuing cases

3. At other times when the county believes notification would be of particular significance, including those instances in which the application is held pending eligibility. (See Sec. A-014.45.)

F. Confirmation of Guidance and/or Suggestions Regarding Sale of Property

When the county gives an applicant or recipient guidance or suggestions regarding the sale of his real or personal property, written confirmation shall be given to the applicant or recipient in accord with the provisions of W&IC Sec. 2019, and a copy of such confirmation filed in the case record.

DO NOT WRITE IN THIS SPACE

A-022.60 INSPECTION OF RECORDS BY APPLICANT OR RECIPIENT A-022.60

When, in case of dispute, the applicant or recipient wishes to avail himself of his right to inspection provided in W&IC 2014, the following definitions apply:

1. Dispute refers to any situation in which the applicant or recipient, or his authorized representative, is in disagreement with the county as to any facts relating to application, grant, or denial of aid.

2. Supporting documents are those necessary to support the grant or denial of aid and include the following:

   a. Application (Form Ag 200 and 200-B, when applicable) and Recipient's Affirmation of Eligibility (Form Ag 206).

   b. Verification of age, and residence.

   c. Evidence verifying ownership and value of real and personal property.

   d. Evidence verifying income and needs.

   e. Documents on which the county authorized the granting or denying of an application or request for restoration, or increased, decreased, canceled, discontinued, or restored aids.

DO NOT WRITE IN THIS SPACE

A-024

A-024 REQUIRED FORMS

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

Ag 200	Application for Old Age Security (See Sec. A-011.11)
Ag 200-B	Application by Authorized Representative of Applicant (See Sec. A-011.11)
Ag 224	Preliminary Statement of Responsible Relative under OAS Law (See Sec. A-153.4)
Ag 225	Statement of Responsible Relative Under Old Age Security Law (See Sec. A-153.4)
ABD 235	Certification of State Department of Mental Hygiene of Applicant's Release from State Hospital (See Sec. A-013)
ABCD 215	Notification of Transfer (See Sec. A-114)
DPA 1	Request for Federal OASI and Nonmedical Disability Information (See Sec. A-213)
DPA 6	State Department of Social Welfare Appeal as to Responsibility for Support (See Sec. A-117.7)
10-611	Application for Search of Census Records (See Handbook Sec. A-102,T)

DO NOT WRITE IN THIS SPACE

A-025 REQUIRED FORMS FOR WHICH SUBSTITUTE MAY BE USED A-025

The following forms are required to be completed for the purposes indicated in the instructions for their use, except that the county may use a substitute form which provides substantially the same information.

Ag 158	Budget Worksheet - OAS (See Secs. A-201 and A-025.06)
Ag 206	Recipient's Affirmation of Eligibility for Old Age Security (See Secs. A-015.20 and A-015.30)
Ag 239	Notice of Action - Old Age Security (See Sec. A-014.70 and Handbook Sec. A-025.15)
Ag 239A	Notice of Action - Old Age Security (See Sec. A-014.70 and Handbook Sec. A-025.15)
ABCD 239	Notice of Action - (See Sec. A-014.70)
Ag 239C	Important Notice to All OAS Recipients (See Sec. A-014.70)
Ag 246	Notification of County Finding of Liability of Responsible Relative (See Sec. A-153.4)
Ag 280*	Identification Card (See Sec. A-014.80)
ABD 228	Authorization for Financial Investigation (See Sec. A-012.40)
ABD 231	Certificate of Delivery of Payment of Aid (See Sec. A-141.50)
Ag 236	Certification of Patient Status in a Public Medical Institution (See Sec. A-141.40)

and/or

ABD 278L*	List of Authorizations to Start, Change, Stop or Deny Aid Payments (See Sec. A-221)
ABD 278M*	Authorization to Start, Change or Stop Aid Payments (Action Card)
DPA 5	Summary of Letters of Guardianship or Conservatorship (See Sections A-011.12 and A-011.13)
DPA 8	Notice to Applicant Who Withdraws Application (See Sec. A-014.70)

* Use of substitute Forms ABD 278L, ABD 278M and Ag 280 requires prior SDSW approval.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

050 DEFINITIONS 050

An appeal is a request for a hearing by the SSWB concerning some action or inaction on a claim for Old Age Security, Aid to Needy Blind, Aid to Potentially Self-supporting Blind Residents, Aid to Needy Children, Aid to Needy Disabled, and Medical Care under the foregoing programs, Medical Assistance for the Aged, or an appeal by an adult child who has been determined to be liable for contributions for the full or partial support of a parent in the Old Age Security program.

An appellant is an applicant, recipient, a representative or heir of a deceased applicant or recipient, or an adult child liable for contributions, who requests a SSWB hearing.

A referee is a hearing officer designated by the SSWB to hear the evidence and prepare proposed decisions on appeals.

A stipulated appeal is one in which the appellant, the county and the SDSW stipulate to the facts and recommendations and no decision by the SSWB is required.

052 RIGHT AND SCOPE OF APPEAL 052

A dissatisfied applicant or recipient may seek an adjustment by the county administering aid or may ask the SDSW to review his case. He is not required to exhaust county adjustment procedures before applying to the SDSW.

Requests to the SDSW for review may be either appeals for a hearing, or requests for assistance in obtaining an adjustment without a hearing. Having chosen either procedure the applicant or recipient may change to the other procedure subject to the statutory time limitation for filing appeals. Appeal hearings shall not be delayed or canceled without the consent of the appellant even though there is a possibility of adjustment without a hearing.

If an appellant dies after an appeal has been filed and before the Social Welfare Board has adopted a decision in the appeal, the appeal may be carried on on behalf of his estate by the duly appointed legal representative of the estate, or by an heir of the deceased appellant if a legal representative has not been appointed by the court.

Appeals, wherein the issue is whether and in what amount the applicant or recipient was entitled to aid, and for which there has been no determination made by the SSWB, may be filed after the death of the applicant or recipient on behalf of his estate, by the duly appointed legal representative of the estate or by an heir of the decedent if a legal representative has not been appointed by the court.

A vendor under the Medical Care Program is not an applicant or recipient and has no right of appeal to the SSWB.

(Continued)

052 (Continued) 052

The county shall explain the right of appeal to every applicant at the time of application, and to an adult child liable for contributions. Written notice of the right of appeal shall be included in every notification to the applicant or recipient of the granting, denial, increase, decrease, discontinuance, suspension of aid or request for repayment, and to an adult child when the determination is made that he is liable for contributions or when there is a change made in a prior determination.

The SDSW shall give each dissatisfied applicant, recipient, representative or heir of a deceased applicant or recipient or an adult child liable for contributions information concerning informal review and the appeals process including a full explanation of (a) his right and responsibility in an appeal hearing, and (b) how to prepare for the hearing. He shall also be given reasonable assistance in preparation as he may require.

052.2 FORM OF APPEAL 052.2

An appeal must be in writing. It must be signed by the applicant, recipient authorized representative, legal guardian, legal conservator, legal representative or heir of a deceased applicant or recipient or an adult child liable for contributions. The appeal should include the reasons for dissatisfaction and a request for a hearing. It need not be in any particular form. An appeal form provided by the SDSW and obtainable at county welfare offices may be used, or an appeal may be made by letter or informal petition.

052.4 TIME LIMIT ON APPEALS 052.4

An appeal may not be filed more than one year after the order or action with which the appellant is dissatisfied. The date on which the appeal is first received in any office of the State Department of Social Welfare shall be considered the filing date.

The date of the order or action from which the appeal is taken shall be the date on which notice of such order or action was mailed to the appellant with the following exceptions:

1. In appeals for the return of erroneous repayments the date of collection or the date of the last installment payment is the determining date.

2. In appeals concerning the amount of the grant, the appeal must be filed within one year, but the period of review will extend back to the first day of the month in which the first day of the one year period occurred.

3. If the last day of the one year period falls on a Saturday, Sunday or holiday, the appeal may be filed on the next business day.

DO NOT WRITE IN THIS SPACE

055.4 COMPLIANCE WITH BOARD DECISIONS 055.4

Within 30 days after the mailing of notice of the SSWB decision (excepting decisions rendered in appeals by an adult child liable for contributions) to the county, the county shall comply with the SSWB decision and shall notify the SDSW of the date and manner of compliance. If the SSWB decision is in favor of the appellant on the issue involved, but aid has not been paid by the county, the notice to the SDSW shall include a brief statement of the new issues which resulted in further denial of aid. Intention to request a rehearing in the future shall not constitute cause for failure to comply with the SSWB order.

Within 30 days after the mailing to the county and the adult child, of the SSWB decision in appeals by an adult child liable for contributions to a parent, and in the event the adult child has not complied with the board order, the county shall initiate, through the appropriate county officer or agency, the legal action that is necessary in order that the adult child shall comply with the decision of the SSWB within a reasonable period of time.

DO NOT WRITE IN THIS SPACE

A-130 STATUTES AND REGULATIONS ON PROPERTY ALLOWANCES A-130

A-130.10 OBJECTIVE A-130.1

In determining eligibility with respect to property, it is necessary to ascertain the purposes for which the applicant holds property. The Code provides that an applicant is eligible if the property he owns is held for any one of the following purposes (within certain limitations):

(1) To provide him with a home; (2) to provide him with income to help meet his needs; (3) to provide him with a reserve to meet a contingent need.

Thus, the property provisions in the Code place the emphasis on the purpose for which property is allowed to be held by the recipient. The specific limitations with respect to use or total value on some types of property holdings constitute a part of the definition of a needy person; but the more important consideration is that property may be held, within those limitations, because it meets a present or future need of the recipient.

Regulations contained in the chapter on property are intended to reflect this emphasis. They are designed to express a general test: Does the property holding meet a current need of the recipient or is it held for some future need? This test should be the basis of decision in situations not specifically or exactly covered by the regulations. (See Handbook Sections A-133.20, Ways of Utilizing Property, and A-133.30, Decision as to way of Utilizing Property.)

The W&IC specifically provides that the policies governing eligibility with respect to property shall be administered in a manner which gives consideration to the ability and circumstances of the applicant in order that undue hardship not be imposed upon him in making his plans to comply with property provisions.

A-131 OWNER OF PROPERTY A-131

The owner of property is the person who holds legal title or holds the property unless (a) he holds title of the property only for convenience, i.e., for purposes of inheritance or to avoid probate, etc., and (b) he has no beneficial interest in the property, i.e., no right to possess and use the property or to receive the proceeds. Conversely, a person for whom legal title of property is held by another under these circumstances, is the owner.

In determining eligibility with respect to property, it is necessary to ascertain the purposes for which the applicant holds property.

DO NOT WRITE IN THIS SPACE

A-132 EVALUATION OF PROPERTY A-132

A-132.05 PROPERTY USED AS THE HOME A-132.05

If real or personal property owned by the applicant, or in which the applicant owns an interest with any other person, is used by the applicant as a home, the value is disregarded in determining property holdings. The home may be a single dwelling or one with multiple units provided the units not occupied by the applicant are yielding income for his support consistent with their rental value. (See Chapter 21, Determination of Income.)

Temporary absence from the home does not affect eligibility as long as there is a sound basis for anticipating that the recipient will again occupy the property within a reasonable period of time.

A-132.10 PROPERTY OTHER THAN THE HOME A-132.10

Additional real property may be owned provided (1) it is producing income consistent with its value and which income is used for the support of the applicant and (2) the applicant's and his spouse's, if any, equity in the property does not exceed a net assessed value of $5,000. (See Secs. A-133, Utilization of Real Property and A-212.30, Net Income.)

The applicant may also retain as a reserve additional real and/or personal property not to exceed an actual value of $1,200. If both of a married couple are recipients of public assistance (OAS, ANB, ATD, MAA), the outside limit of such reserve may not exceed $2,000 for the couple. Any part of such reserve which is real property shall be valued at its net appraised market value. The value of any reserve which is personal property is the net value available to applicant for his use.

If real property holdings are not assessed and it is impossible to obtain an assessment, 25% of the market value is used. Similarly, in the absence of evidence to the contrary, if the assessed value of property holdings is known, then the market value may be determined by multiplying by 4 the assessed value.

If the applicant or applicant and spouse are not the sole owners of property, only his or their proportionate share is included in the total value. (See Section A-212.9, Income Value of Homes Owned and Occupied.)

The income-producing requirement and the limitation on assessed value pertaining to property are not applicable to the separate property of the spouse of an applicant or recipient.

DO NOT WRITE IN THIS SPACE

A-132.30 REAL PROPERTY ITEMS TO BE INCLUDED A-132.30

In addition to those items commonly considered to be real property, the following items, when not used as a home, are evaluated as real property.

1. Real property being bought or sold under contract of sale
2. Real property being sold while it is held in escrow
3. Cemetery property held for profit.

A-132.50 REAL PROPERTY ITEMS TO BE EXCLUDED A-132.50

The following items are to be excluded in evaluating real property holdings: (See Sec. A-212.9, Income Value of Homes Owned and Occupied.)

1. The applicant's home
2. An Indian's interest in land held in trust by the United States Governmen
3. Real property in which the applicant or recipient holds life estate
4. Real property owned by minor children of the applicant or recipient
5. Any property right which is not available for the applicant's use or expenditure.

DO NOT WRITE IN THIS SPACE

A-132.70 APPLICANT'S EQUITY IN PROPERTY A-132.70

In addition to the types of liabilities commonly considered encumbrances on real property (mortgages, deeds of trust, delinquent tax liens, judgment liens, mechanic's liens, assessments, etc.), the following are considered encumbrances:

1. The unpaid balance of the purchase price of property being purchased under contract of sale.
2. The amount paid on the principal for property being sold under a contract of sale.

In addition to the types of liabilities commonly considered encumbrances on personal property (loans, attachments for debts or taxes, chattel mortgages, liens, etc.), the following are considered encumbrances:

1. The unpaid balance of the purchase price of property being purchased under a conditional sales contract.
2. The amount paid on the principal for property being sold under a conditional sales contract.

A-133 UTILIZATION OF REAL PROPERTY A-133

A-133.10 DEFINITION OF UTILIZATION A-133.10

Property is considered to meet the income-producing requirements of W&IC Sections 454 and 455 if it is making a reasonable contribution toward the current needs of the recipient.

When the home is a multiple dwelling unit, the units not occupied by the recipient are expected to produce income consistent with their rental value. Consideration shall be given to the circumstances of each recipient so that undue hardship is not imposed. If the units have little or no net rental income, but are being rented as continuously as possible, the requirement that such units produce income consistent with their rental value is met.

Real property other than the home is expected to yield income reasonably consistent with its value. Unless there are unusual circumstances, such property should yield a minimum net return of 6% per year on the market value of the property. Net return is determined by deducting allowable expenses. (See A-212.30, Net Income). If the property is vacant for a portion of the year, only the prorated percentage of return which represents the period of occupancy shall be used. If a plan for the use of such property supports a conclusion that it will contribute to the need of the applicant in the immediate future, or if it is sold for an amount consistent with its current market value and the plan and terms of sale are consistent with the requirement of reasonable contribution toward current needs, the requirement for use of the property is met.

Sale is not a reasonable plan of utilization if the net proceeds the recipient could reasonably expect to realize from the sale, together with other reserve property, would not exceed $1,200 (or the combined reserve holdings of a married couple would not exceed $2,000 if both are recipients of public assistance.)

DO NOT WRITE IN THIS SPACE

A-133.40 RECIPIENT ACTION TOWARD UTILIZATION A-133.40

The law requires that (1) if the home consists of multiple units, those units not occupied by the applicant be rented so that they may yield income for the support of the recipient, and (2) real property other than the home yield income consistent with its value for the support of the recipient. These requirements mean, in effect, that the recipient must utilize such property to help meet his needs.

The recipient is given a reasonable period in which to initiate a plan for utilization of property not already being utilized in some acceptable way. For new applicants this period is three months from the date the application was granted. Otherwise this period is three months from the date the recipient was advised of the utilization requirement. In either case, the period may be extended if circumstances beyond his control prevent the owner from proceeding with his plan. When a recipient has made no effort to utilize his property by the expiration of a reasonable period, ineligibility results.

An applicant or recipient who refuses to consider development of a plan for utilization becomes ineligible immediately.

Until an acceptable method of utilization is found, all reasonable methods must be attempted and the recipient is given one year (including the initial three-month period) in which to develop such an acceptable method of utilization. This period may be extended if there are extenuating circumstances which support a conclusion that a successful method of utilization can and will be developed within six months following expiration of the one-year period.

DO NOT WRITE IN THIS SPACE

A-135.05 DIVISION OF PROPERTY RESERVE WITH SPOUSE A-135.05

Separate property owned by the applicant or recipient and his share of community property is included in evaluating his total property reserve. The separate property of a spouse who is not an applicant for or recipient of public assistance is not included in evaluating total property reserve of the applicant or recipient.

When the spouse with whom a recipient is living applies for public assistance, continuing eligibility of the recipient depends upon the value of the separate and combined property holdings of the couple.

If each of a couple is an applicant and/or recipient and the property reserve of each spouse does not exceed $1,200, but their combined property reserve exceeds $2,000, aid is granted (or continued) to one spouse and aid for the other spouse is denied (or discontinued). The decision, when aid can be granted to either one of the couple but cannot be granted to both, as to which one shall receive aid rests with the couple. If it is to their advantage to grant to one rather than the other, this is explained.

Each of a couple is presumed to own a one-half interest in community property, regardless of which spouse holds the property. All property held in the name of the spouse of a married person is presumed to be community property unless evidence establishes it to be separate property. Exception: Burial trusts and interment plots are considered the separate property of the spouse who is to be the beneficiary or user.

DO NOT WRITE IN THIS SPACE

A-135.10 PERSONAL PROPERTY ITEMS TO BE INCLUDED A-135.10

The following items (including those subject to purchase or sale under a conditional sales contract) are evaluated as personal property:

1. Cash, savings accounts, securities, etc.
2. Notes, mortgages and deeds of trust. Exception: See W&IC Sec. 454.
3. Motor vehicles not needed for transportation by the applicant or recipient. (See W&IC Sec. 457.) Need exists for a motor vehicle as a means of transportation when there is no other means of transportation available or the recipient is not physically able to use any other type of transportation. However, a motor vehicle, the market value of which exceeds $1500, is not considered to be a vehicle "needed for transportation."

   The market value of a motor vehicle is determined by multiplying the vehicle license fee by 50. Exceptions: The actual market value is used when: (1) The vehicle license fee value of a vehicle otherwise needed for transportation is determined to be in excess of $1500; or (2) the vehicle license fee value of a vehicle not needed for transportation brings total property reserve in excess of the maximum permitted by law (see W&IC Sec. 456).
4. The cash-surrender value of life insurance, including burial insurance, on the life of the applicant or recipient and on the life of the spouse.
5. Burial trusts or similar funds.
6. Interment plots, crypts, vaults, etc., when retained for use of the owner (see Sec. A-132.30, Item 3). Such a space is valued at $50 regardless of purchase price.
7. The lessee's interest in a lease of real property for a period of years. Exception: See W&IC 454.
8. Commercial or other business enterprises including farm equipment, livestock and fowl other than that retained for family use only, etc.
9. Interests in firms in receivership.
10. Interests in undistributed estates if the property is available prior to distribution.
11. Interests in trust funds of which the applicant or recipient is beneficiary if the property is in fact available.
12. Any other property which is not real property and which is not excluded under Sec. A-135.30.

DO NOT WRITE IN THIS SPACE

A-135.30 PERSONAL PROPERTY ITEMS TO BE EXCLUDED A-135.30

In addition to items excluded by W&IC Section 457, the following items are excluded when evaluating total personal property:

1. Any personal property used as a home.
2. Personal property owned by minor children of an applicant or recipient including insurance policies on the lives of minor children.
3. Funds held in an escrow account if the escrow can be revoked only upon the consent of all parties involved.
4. Recurring lump sum income. (See Sec. A-212.7)
5. Proceeds from the conversion of property being retained for the purpose of buying a home, within the limits specified in W&IC Sec. 454.
6. Stock in a water company not appurtenant to the land in the amount necessary for agricultural purposes.
7. Items which are necessary to implement a rehabilitation or self-care plan for the applicant.
8. The value of personal effects (clothing, household furnishings and equipment, personal jewelry, etc.)

A-136 DIFFERENTIATION OF PERSONAL PROPERTY AND INCOME A-136

Nonrecurring lump sum payments which, pursuant to W&IC Sections 2020.01 are considered personal property upon receipt rather than income, include:

1. Judgments, out of court settlements, and payments received because of compensation laws
2. Inheritances
3. Cash received by the insured from the surrender or maturing of insurance policies
4. Cash received as the beneficiary of insurance including OASI lump-sum death payments
5. Refunds of excess premium payments on National Service Life Insurance
6. Cash received by the recipient and/or his spouse from retirement or pension systems
7. Personal income tax refunds
8. Cash received as a gift.
9. Insurance payments received as the result of fire, flood or other catastrophe. Exception: Such payments received because of damage to the home are exempt from consideration as either personal or real property for a period not to exceed one year if held to rebuild or repair the home.

(Continued)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-136 (Continued) A-136

When, as a result of such lump sum payment (i.e., Items 1 through 9 above) property reserve on the first of the month following its receipt exceed the amount allowable, the excess is considered as income in that month. Any unexpended portion of such income becomes personal property again on the first of the month following that in which it was considered income.

A-137 ACQUISITION AND CONVERSION OF REAL OR PERSONAL PROPERTY A-137

Real or personal property may be acquired or converted to other forms by a recipient without affecting eligibility if the resultant holdings do not exceed the maximum allowed by the code (see Sec. A-138.20, et seq. regarding property transfers which do not result in ineligibility).

The applicant or recipient who does not own a suitable home, i.e., one which meets his requirements, or the applicant or recipient who desires to sell his home and purchase another, is permitted to use any real property or the proceeds from the sale of real property to buy a home. Any such property (or proceeds) is considered to be used as a home and no value is placed thereon provided:

1. He has a definite plan to use the property through conversion or transfer within six months for the purpose of providing himself with a home

and

2. The property or the proceeds received from the sale of property are used to purchase a home, or apply on the balance due on a home already purchased within one year from the date of the sale or within one year from the date of application, whichever is later. Such proceeds may also be applied to the costs of moving, necessary furnishings and repair and alteration to the home; or an amount may be retained within the limits set for a reserve. (See Sec. A-132.10, Property Other Than the Home.)

In effect, this means that real property or proceeds from real property may be evaluated as a home for up to 18 months after initiation of a plan to purchase a home.

Proceeds from the conversion of real property are evaluated as real property within the limits specified in W&IC Sec. 454 provided the applicant or recipient plans to use such proceeds to purchase a home, to apply on the balance due on a home already purchased or to make necessary repairs to his home. "Balance due" as used in the code and herein is limited to principal and interest payments on the home.

These regulations are to be applied in a flexible and reasonable manner which, within the limits specified in the code, will allow the recipient a maximum freedom of choice in the acquisition, conversion, or disposition of property resources without affecting his eligibility.

DO NOT WRITE IN THIS SPACE

A-138 TRANSFER OF PROPERTY A-138

A-138.10 RESPONSIBILITIES IN PROPERTY TRANSFERS A-138.10

Applicants and recipients are responsible, in so far as able, for giving all available information to assist the county in determining whether a transfer of property was made in order to qualify for aid, to qualify for a larger amount of aid or to avoid utilization. Recipients are also responsible for immediately notifying the county of any transfer which occurs after aid is granted.

A-138.20 TRANSFERS OF REAL OR PERSONAL PROPERTY WHICH DO NOT RESULT IN INELIGIBILITY A-138.20

There is a presumption that transfers made more than two years preceding the application were not for purposes of qualifying for aid or for a greater amount of aid or to avoid utilization. Other circumstances under which property transfers do not result in ineligibility are specified in Secs. A-138.21 through A-138.25.

A-138.21 TRANSFER FOR FAIR CONSIDERATION A-138.21

A transfer of property in which the grantor receives fair consideration, in light of current property values, in return for his equity does not result in ineligibility provided that the resultant holdings are within the maximum allowed.

A-138.22 TRANSFER TO SATISFY A DEBT A-138.22

A transfer of property to satisfy a bona fide debt or obligation in an amount which represents a reasonably adequate consideration for the grantor's equity does not result in ineligibility. Due to the mutual obligation existing between parent and child, support given to a parent is not a valid debt unless there is evidence that the child became indebted in order to render the assistance or that the assistance given otherwise resulted in undue hardship on him or his immediate family.

A-138.23 TRANSFER WHEN FORECLOSURE IMMINENT A-138.23

Transfer or assignment of property when foreclosure or repossession is threatened, or when it is clear that such property cannot be retained, does not result in ineligibility unless there is evidence of collusion. When there is evidence that a grantor was unable to refinance the property due to the necessity for payment of a substantial sum on the principal or because of his advancing years and diminishing ability to make payments, the transfer may be held to involve property in which foreclosure was imminent.

DO NOT WRITE IN THIS SPACE

A-138.24 TRANSFERS OF SEPARATE PROPERTY OF THE SPOUSE A-138.24

The transfer by a spouse of his or her separate real or personal property does not affect the eligibility of the other spouse.

A-138.25 TRANSFER OF REAL PROPERTY WITH RETENTION OF LIFE ESTATE (ELIGIBILITY NOT AFFECTED) A-138.25

There is a presumption that real property transferred with retention of life estate does not affect eligibility when the property transferred is:

1. The home property

   Transfer of real property at any time with the retention of life estate does not result in ineligibility when the property is the home of the grantor and will continue to be utilized to meet his housing need.

2. Property other than the home

   Transfer of real property with retention of life estate within two years prior to application does not result in ineligibility if:

   a. The property is being utilized or a plan for utilization is in progress and the transfer does not preclude future utilization by the life tenant, or

   b. Development of a reasonable plan for utilizing the property is not possible. (See Sec. A-133.10)

The life estate agreement must be written and recorded. (See Sec. A-138.34 for circumstances under which it is presumed that a transfer of property with retention of life estate results in ineligibility.)

DO NOT WRITE IN THIS SPACE

A-138.30 TRANSFERS OF REAL OR PERSONAL PROPERTY WHICH RESULT IN INELIGIBILITY A-138.30

Transfers of property which are made to qualify for aid or for greater amount of aid, or to avoid utilization, result in ineligibility. Circumstances under which ineligibility is presumed to exist as a result of property transfer are specified in Secs. A-138.31 thru A-138.36.

A-138.31 TRANSFER IN RETURN FOR LIFE CARE A-138.31

A transfer of property subject to the condition that the grantee will provide full support for the grantor for the remainder of his life renders the grantor ineligible. If an enforceable contract provides for less than full support, the value of the support provided shall be considered income.

A-138.32 TRANSFER FOR PURPOSE OF REDUCING HOLDINGS WITHIN STATUTORY MAXIMUM A-138.32

A transfer of property in order to reduce remaining holdings within the statutory maximum results in ineligibility. If the transfer occurred more than two years prior to the date of application, there is a presumption that the transfer was made in good faith and not for the purpose of qualifying for aid.

DO NOT WRITE IN THIS SPACE

A-138.33 TRANSFER OF REAL PROPERTY FOR THE PURPOSE OF AVOIDING UTILIZATION A-138.33

Even though the county assessed value less encumbrances of real property owned by an applicant or recipient or his equity therein is within the statutory maximum, a transfer of all or a portion of such property results in ineligibility if the transfer is made:

1. To avoid utilization of the property, or

2. To safeguard future eligibility status by divesting the applicant or recipient of proceeds which he would receive if the property were to be sold.

A-138.34 TRANSFER OF REAL PROPERTY WITH RETENTION OF LIFE ESTATE (INELIGIBILITY PRESUMED) A-138.34

There is a presumption of ineligibility for a transfer of real property without consideration with retention of life estate if:

1. Transfer was within two years of date of application, and

2. Utilization of property was possible only by sale, and

3. Value of personal property when added to market value of transferred property would have exceeded maximum amount of property reserve permitted by law.

The presumption is refuted if the transferor's purpose at the time of transfer was not to avoid utilization or future ineligibility. (See Sec. A-138.25 for circumstances under which it is presumed that a transfer of property with retention of life estate does not affect eligibility.)

DO NOT WRITE IN THIS SPACE

A-138.35 RELINQUISHMENT OF LIFE ESTATE TO AVOID UTILIZATION A-138.35

Relinquishment of a life estate in real property is presumed to be for the purpose of avoiding utilization if:

1. The property is being utilized by the life tenant either as his home or in another way, or utilization is feasible, and

2. The life tenant does not receive adequate consideration.

Unless this presumption is refuted, ineligibility results.

When the transfer with retention of life estate was prior to June 1, 1951, or two or more years prior to application (whichever date is later), adequate consideration for relinquishment of the life estate is determined by applying the California State Gift Inheritance Tax formula. Otherwise, adequate consideration is that which is consistent with the net sale value of the property at the time of relinquishment. Exception: If the remainderman has invested in the property, the value of the life estate would be modified by the remainderman's investment.

A-138.36 TRANSFER OF INCOME PRODUCING PERSONAL PROPERTY A-138.36

There is a presumption that a transfer of income producing personal property is for the purpose of qualifying for a greater amount of aid. Unless this presumption is refuted ineligibility results.

DO NOT WRITE IN THIS SPACE

A-138.40 DURATION OF INELIGIBILITY DUE TO TRANSFER OF PROPERTY A-138.40

After a transfer of property which resulted in ineligibility, the period of ineligibility begins the first day of the month following that in which the transfer occurred. This period is not extended because of income received during the period.

Aid paid to a recipient during the period of ineligibility has no effect on the period of ineligibility.

The duration of ineligibility due to a transfer of real property (other than that included in the allowable reserve) is the period during which a reasonable return for the grantor's equity in the property, had it been sold, would have supported the grantor and those dependent upon him. If at the time of transfer the grantor's property reserves were less than the maximum allowable (see Section A-132.10), the amount which would have been available to support the grantor and his dependents from the property transferred is reduced by that amount which would have given him the maximum property reserve, before the period of ineligibility is computed. The duration of ineligibility due to a transfer of personal property is the period during which the amount of personal property in excess of the statutory maximum at the time of the transfer would have supported the grantor and those dependent upon him.

DO NOT WRITE IN THIS SPACE

The following amounts are used as the monthly maintenance allowance for an individual with, and without, dependents: (A dependent is one whose major support has come from the applicant or recipient.)

1 person	$200.00
1 person with spouse, or, 1 person with one dependent	300.00

(The allowance is increased by $100 for each additional dependent)

If there are two or more transfers resulting in ineligibility, the period of ineligibility is the sum of the periods resulting from each transfer and begins with the first day of the month following that in which the first transfer occurred.

The period of ineligibility ends if the property which was transferred and which caused ineligibility is reconveyed to the grantor, or if he receives reasonably adequate consideration for it subsequent to the transfer.

FORM 400A

CONTINUATION SHEET
..R FILING ADMINISTRATIVE REGULAT S
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-150 RESPONSIBILITY OF RELATIVES - GENERAL A-150

Responsible relatives are those who are responsible for the support of another person because of their relationship through a blood tie or as the result of a contract, such as marriage or adoption.

A responsible relative who is an applicant for or recipient of public assistance is not held liable for a contribution from his grant of aid to other persons for whom he is legally responsible.

A-151 RESPONSIBILITY OF SPOUSE A-151

A spouse's responsibility for support of an applicant or recipient is determined under the general law. (See Sec. A-212.50 for regulation governing division of income between spouses.)

A-152 RESPONSIBILITY OF ADULT CHILD A-152

Liability of adult children to support must be determined under W&IC 2181 and W&IC 2224.

The maximum liability of an adult child under the Relatives' Contribution Scale for two living parents is the same as for one parent.

An adult child's maximum liability while living in the home of a parent who is an applicant or recipient is measured according to the Relatives' Contribution Scale as though he were not in the home. Payment of room and board by an adult child to an applicant or recipient does not alter the child's degree of liability for the parent.

An emancipated minor child has the same liability under the Relatives' Contribution Scale as an adult child.

An adult child who has been freed of responsibility for the support of a parent under the provisions of Civil Code 206.5 or 206.7 has no liability under the Relatives' Contribution Scale, regardless of his income. He is also freed from any liability previously established but not paid at the time of the court order freeing him from responsibility.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-153 DETERMINATION OF LIABILITY UNDER RELATIVES' CONTRIBUTION SCALE A-153

A-153.1 DEFINITION OF DEPENDENT A-153.1

In determining responsibility under the Relative's Contribution Scale, a dependent is a person (other than the applicant or recipient) who meets all the following requirements:

1. Is related to the responsible relative by blood, marriage or adoption;

2. Has income insufficient to meet his needs;

3. Is receiving the major portion of his support (in or out of the home) from the responsible relative.

Only one relative can claim any given person as a dependent. When the responsible relative and his spouse each have income which is pooled for family support, their dependents are apportioned between them as nearly as possible in accord with the ratio of each spouse's income to the total family income.

DO NOT WRITE IN THIS SPACE

A-153.2 DETERMINATION OF RELATIVE'S NET INCOME A-153.2

I. GROSS INCOME

Gross income is the total amount of income before deductions for taxes, insurance, retirement contributions, expenses incident to operation of a business, etc., including payroll deductions for such items.

II. GROSS INCOME INCLUDED IN COMPUTATION OF NET INCOME FOR PURPOSE OF DETERMINING LIABILITY

A. Married Son

The sum of income from the following:

1. His own earnings
2. His separate income from property, pensions or any other source
3. All community income except earnings of his spouse

B. Married Daughter

The sum of income from the following:

1. Her own earnings
2. Her separate income from property, pensions, or any other source

C. Single, Divorced, Widowed, or Separated Adult Child (Son or Daughter)

Total income of such child from all sources.

(Continued)

DO NOT WRITE IN THIS SPACE

A-153.2 (Continued) A-153.2

III. NET INCOME

A. Income Derived from Employment by Others

For purpose of this section, net income from employment by others is the same as Gross income. (See Sec. I above)

B. Income Derived from Real or Personal Property, from Operation of a Farm or Business, Conduct of a Trade or Profession, etc.

From total gross income (as determined under II above) deduct:

1. Those expenses permitted in the determination of net income for state income tax purposes.

2. Principal payments, to the extent such payments are necessary to the operation of the business or enterprise or are required to maintain and preserve the capital investment of the relative. (This does not include principal payments on an indebtedness incurred to expand a business or enterprese or to increase property holdings except when the incurring of such indebtedness was necessary to preserve and maintain the investment the relative already had in the business or property.)

IV. ADJUSTED NET INCOME

Adjusted net income is determined by deducting from total net income as established under III above, 25 per cent of that amount.

DO NOT WRITE IN THIS SPACE

A-153.3 DEGREE OF LIABILITY A-153.3

The Board of Supervisors, or its authorized representative shall fix maximum liability in accord with W&IC Sec. 2181, in the amount prescribed by the Relative's Contribution Scale. Liability may be fixed at less than the maximum if the relative reports major unusual expenses which limit his ability to contribute, contends that hardship will result if the maximum liability is imposed, and presents evidence which supports his contention. If hardship is established, the additional expenses which are to be considered are deducted from the relative's adjusted net income (see Sec. A-153.2, Item IV) and a new liability determined by application of the relative's contribution scale.

DO NOT WRITE IN THIS SPACE

A-153.4 PROCEDURE FOR INVESTIGATING AND FIXING RELATIVE LIABILITY A-153.4

I. NEW APPLICATIONS

A. INVESTIGATION BY INTERVIEW

Nonliability, under the Responsible Relative Scale, may be determined on the basis of information obtained directly from the relative. Nonliability may also be determined on the basis of agency records or through interview with the applicant or recipient for the relative who

(1) is, himself, receiving total or partial support through a public or private agency;

(2) is in a state or penal institution and reportedly has no income;

(3) is a married daughter who reportedly is unemployed and has no separate income.

Information or evidence that supports the conclusion of nonliability is to be recorded. In the absence of conflicting evidence, no further investigation of the relative's liability is to be made.

When interview with the relative or recipient indicates probable liability for the relative, Form Ag 225 is to be completed by the relative as provided in Sec. C below.

B. USE OF FORM AG 224 - PRELIMINARY STATEMENT OF RESPONSIBLE RELATIVE

Except when nonliability or probable liability has been established through interview, as provided in Sec. A above, Form Ag 224 is to be used to obtain from the relative minimum information from which it will be possible to determine nonliability or probable liability.

If the Form Ag 224 is not returned within fifteen days of the mailing date, Form Ag 225 is to be sent immediately (see Item C below).

If the returned Ag 224 indicates nonliability and there is no conflicting evidence, a determination of nonliability is to be made.

If the returned Form Ag 224 indicates probable liability, Form Ag 225, Statement of Responsible Relative, is to be sent to the relative immediately.

C. USE OF FORM AG 225 - STATEMENT OF RESPONSIBLE RELATIVE

Form Ag 225 is to be sent to all relatives where probable liability has been established through interview (see Sec. A above) or from the Form AG 224 (see B above).

(Continued)

DO NOT WRITE IN THIS SPACE

A-153.4 (Continued) A-153.4

Upon return of the completed Form Ag 225, county action is required as follows:

1. The Form Ag 225 is reviewed for completeness, accuracy, and consistency with any other information the county has concerning the relative's circumstances. If there is substantial evidence that the information reported by the relative on the Form Ag 225 is not accurate, the county is responsible for further investigation before determining the amount of liability. Pursuant to W&IC Sec. 2224, the relative is to be notified before any inquiry is directed to his employer.

2. If Form Ag 225, and any other information obtained as the result of investigation, shows no liability for support, a determination of nonliability is made.

3. If the Form Ag 225 shows that the relative will contribute as much as, or more than, the liability prescribed by the Relative's Contribution Scale, liability is set at the amount prescribed by the scale.

4. If the Form Ag 225 shows that the relative will make no contribution or that he will contribute less than the liability prescribed by the Relative's Contribution Scale, a determination of whether his liability should be fixed at less than the maximum is made as provided in Sec. 153.3. The period allowed the relative in which to present evidence that his liability should be modified as provided in Sec. 153.3 is not to exceed sixty days.

The relative is to be notified of the amount of his fixed liability and the effective date (see Regulation Sec. A-025 and Handbook Sec. A-025.20). Such effective date shall not precede the month in which the relative is notified of his liability Excpetion: If the relative willfully and without good cause delays in providing requested information essential to the determination of his liability, any liability subsequently fixed shall be effective with the month following that in which the information was requested.

II. REINVESTIGATION

Liability or nonliability is to be redetermined in accord with the procedure set forth in I above, whenever evidence is obtained which raises a doubt as to validity of the current finding of liability or nonliability. In the absence of such evidence, redetermination of liability or nonliability is to be made at least every second year. Redetermination of liability is also to be made promptly upon request of the relative.

The relative is to be notified of any changes in his fixed liability.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
...R FILING ADMINISTRATIVE REGULAT S
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-153.5 ACTION WHEN RESPONSIBLE RELATIVE'S STATEMENT NOT RETURNED A-153.5

A follow-up request shall be sent within 30 days of the mailing of Form Ag 225, Statement of Responsible Relative, if the relative fails within that time to return the completed form.

If within 30 days after such follow-up request the relative still has failed to return the completed Form Ag 225, effort should be made to determine through independent investigation what liability, if any, such relative has. If this is not feasible and there is evidence the relative has knowingly failed to complete and return Form Ag 225, such failure shall be reported to the district attorney, or other civil legal officer for appropriate action under W&IC Sec. 2224.5.

A-154 EVALUATION OF CONTRIBUTIONS IN KIND A-154

A contribution in-kind for an item in the Standard of Assistance for OAS recipients is to be valued in accord with the actual cost of the item to the relative or the maximum allowance for the item in the standard, whichever is less (see Sec. A-200). A contribution in-kind for an item outside the Standard of Assistance does not modify liability under the Relative's Contribution Scale.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULA IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-200 STANDARD OF ASSISTANCE A-200

The total standard of sssistance for an aged person who meets the eligibility requirements for OAS includes:

1. Minimum needs common to all recipients as set forth in Sections A-202.05 through A-202.15

2. Special needs as specified in Sections A-203 et seq.

3. Medical care paid on behalf of the recipient from the Medical Care Fund as provided in Sections MC 010 et seq.

4. Long term nursing and hospital care under the Medical Assistance to the Aged program as provided in Sections MC _____ et seq.

The foregoing standard is used to identify persons in need and the money amounts necessary to meet such need.

The needs specified in items 1, 2 and 3 above are included in the standard for the OAS recipient.

The needs specified in item 4 above are included in the standard for the aged person who meets the eligibility requirements for OAS. However, MAA and OAS cannot be paid concurrently.

DO NOT WRITE IN THIS SPACE

A-201 DETERMINATION OF NEED - GENERAL A-201

The total need of an applicant or recipient, for purpose of OAS grant determination, is the money amount necessary to provide those items of support, set forth in the subsequent sections of this chapter, as minimum needs and special needs. (See MC 010 through MC 053.70 for Medical Needs Payable on Behalf of an OAS Recipient from the Medical Care Fund.)

The county is responsible for reviewing needs with the applicant or recipient and for identifying any special needs he may have. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

Total need is computed by adding the cost (within the limits specified in this chapter) of any special needs he may have, to the allowance for minimum needs.

Allowance for a special need item shall continue until a sufficient amount has been allowed to meet the total cost of the item within appropriate ceilings provided that the occurrence of the need is reported promptly, i.e., within 30 days. For types of medical care for which no maximum is specified, the total allowance shall not exceed $500 for any one illness occurring in a single year.

A-202 MINIMUM NEEDS - DEFINITION A-202

Minimum needs are needs common to all recipients as set forth in Sections A-202.05 through A-202.15.

DO NOT WRITE IN THIS SPACE

A-202.05 MINIMUM NEEDS OF RECIPIENTS IN INDEPENDENT LIVING ARRANGEMENTS A-202.05

Needs, as set forth in Sections A and B below, are considered to be common to all recipients in independent living arrangements; i.e., in their own home (including a hotel, apartment house, etc.) or in a board and room arrangement receiving no personal care or supervision. (See Sec. A-202.10 for minimum needs of recipients living in out-of-home care facilities and receiving personal care and supervision and Sec. A-202.15 for needs of recipients in certified rehabilitation facilities.)

These needs are to be allowed in the amounts specified, based upon the appropriate living arrangement.

A. Recipient Living in His Own Home

Food	$37.00	For Food in the normal amount and of a kind necessary to maintain health and vigor and for food supplements.
Clothing	10.00	For adequate healthful clothing and clothing upkeep including dry cleaning and shoe repair.
Personal and Incidental Needs and Errand Service	14.00	For Personal care, including hair care, personal toilet articles, shaving supplies, tobacco, etc., and for assistance in shopping and personal errands.
Recreation and Education	6.00	For daily newspaper, magazines, books, recreation, stationery, postage, etc.
Transportation	8.00	For social, ordinary shopping and business purposes (20 round trips by common carrier at 40¢ a trip).
Household Operations	5.00	For ordinary upkeep and replacement of small items of household equipment and supplies, including general household articles, cleaning supplies, linens, mending and repair materials and medicine chest items.
Sub-Total	$80.00	
Plus housing and utilities as paid, not to exceed $45 when shared with others, or $63* when living alone.		For adequate, suitable, sanitary housing in a locality chosen by the recipient, and light, water, garbage disposal, refrigeration and heat, as needed to maintain health and comfort.
Minimum Allowance	$21.00	
Total	$101.00**	

*When the cost of the combined housing and utilities (or the recipient's share when housing is shared) exceeds the maximum basic allowance, the actual cost is allowed for a period not to exceed three months to enable the recipient to make some other plan such as moving to cheaper housing, or to housing which would require less expenditure for utilities, to refinance his home, etc.

**Total allowance for minimum needs is never less than $101 and will be more when the cost of housing and utilities exceeds the minimum allowance of $21.00.

(Continued)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULA IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

When housing is owned, the cost of the combined housing and utility items is the recipient's share of the cost of utilities (based on the number of persons in the household) plus his share of the cost of home ownership (based on his proportionate interest in the property); i.e., prorated taxes, assessments, insurance, required encumbrance payment (principal and interest) and a $2 monthly allowance for minor upkeep and repairs.

Exception:

When payments (principal and interest) received from the sale of real property are being utilized to purchase a home pursuant to W&IC Sec. 454, the payments so received may be applied against the required encumbrance payment on the home purchased or toward the cost of moving, necessary furnishings, necessary repairs or alterations to the home. If the payments received (after allowing for cost of moving, furnishings, etc.) are less than the required payment (principal and interest) on the home, the difference is included in determining the housing-utility cost. If the payment received (after allowing for costs of moving, etc.) is in the same amount or is more than the required payment on the home, no portion of the required payment on the home is included in determining the housing-utility cost.

B. Recipient Living in Board and Room Arrangement

Board and Room, as paid not to exceed $100.00 Minimum Allowance	$63.00	For adequate food, housing, utilities and household maintenance costs in housing arrangements chosen by the recipient.
Clothing	10.00	For adequate healthful clothing and clothing upkeep including dry cleaning and shoe repairs.
Personal and Incidental Needs and Errand Service	14.00	For personal care, including hair care, personal toilet articles, shaving supplies, tobacco, etc., and for assistance in shopping and personal errands.
Recreation and Education	6.00	For daily newspaper, magazines, books, recreation, stationery, postage, etc.
Transportation	8.00	For social, ordinary shopping and business purposes (20 round trips by common carrier at 40¢ a trip).
Total	$101.00**	

When adequate board and room is not available in the community within the specified maxima, local maxima rates, not to exceed the minimum amount for which adequate board and room is available shall be established by the county welfare department. Such rates and the basis therefor are to be recorded with the State Department of Social Welfare.

**Total allowance for minimum needs is never less that $101 and will be more when the cost of board and room exceeds $63.00.

DO NOT WRITE IN THIS SPACE

A-202.10 MINIMUM NEEDS OF RECIPIENTS IN NONMEDICAL OUT OF HOME CARE FACILITIES A-202.10

Needs, as set forth in the following chart, are considered to be common to all recipients who are being cared for in nonmedical out-of-home care facilities. These needs are to be allowed in the amounts specified for the particular type of care required and received by the recipient. Types of care are classified as follows:

Group I - Minimum to moderate care and supervision

This group is appropriate for a person who needs protective environment but limited personal service. He may be able to go out by himself, take care of his own room, and assume responsibility for his own medications, or he may need and receive one or more of the following:

a. Assistance in caring for his room, but can manage dressing and personal hygiene;

b. Help with medications because of forgetfulness, poor eyesight or shakiness;

c. A special room approved by the fire inspector for nonambulatory occupancy.

Group II - Extensive personal care and supervision

This group is appropriate for a person who needs and receives two or more of the following services or a combination of two or more of the services listed in Group I, plus one or more of the following:

a. Help with dressing and personal hygiene;

b. Extra care because of incontinence;

c. Modified diet and or help with eating;

d. Personal supervision in or away from the home because of general feebleness, tendency to wander, unsteadiness, mild mental confusion, etc., or

e. Extra care and special services because he is nonambulatory due to poor eyesight or use of mechanical walking aids and requires a room specially approved by the fire inspector for nonambulatory occupancy.

Group III - Extensive personal care, supervision, and nursing care, (limited to facilities licensed by the State Department of Mental Hygiene for mentally ill persons and thus not eligible to assistance under the MAA Program).

This group is appropriate for a person who requires and receives continuous nursing care in addition to the care and supervision provided under Group II.

(Continued)

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

A-202.10	DETERMINATION OF NEED	Regulations

A-202.10 (Continued) — A-202.10

GROUP I - MINIMUM TO MODERATE CARE AND SUPERVISION

Board, room, personal supervision and assistance - Allow charge for care* not to exceed	$125.00
Clothing ($10), personal expense ($7), recreation ($6), transportation and errand service ($12)	35.00**
(Components of $125 charge, include shelter and utilities $45; food $55; personal supervision and assistance $25)	

GROUP II - EXTENSIVE CARE AND SUPERVISION

Board, room, personal care and supervision - Allow charge for care* not to exceed	$150.00
Clothing ($10), personal expenses ($7), recreation ($3), transportation and errand service ($5)	25.00**
(Components of $150 charge include shelter and utilities $45; food $55; personal care and supervision $50)	

GROUP III - EXTENSIVE PERSONAL CARE, SUPERVISION AND NURSING CARE IN FACILITY LICENSED BY STATE DEPARTMENT OF MENTAL HYGIENE

Board, room, personal care, supervision and nursing care - Allow charge for care* not to exceed	$175.00
Clothing ($3), personal expenses ($7), recreation ($2), transportation and errand service ($3)	15.00**
(Components of $175 charge include shelter and utilities $45, food $55; personal and nursing care, etc. $75)	

* "Charge for care," as used herein, includes the monthly charge by the home or institution plus a reasonable value, not to exceed the amount specified in the standard, for any portion of the care and/or services which are provided without charge or which the home or institution is obligated to furnish, pursuant to a life lease, admission agreement, or partial life care contract; i.e., has been paid for in advance.

When the charge exceeds the maximum specified, the actual charge is allowed within the following limits:

(1) For a three-months period to enable the recipient to secure care within the maximum;

(2) For as long as a qualified practitioner recommends against moving the recipient.

When adequate facilities are not available in the community within the specified maxima, local maxima rates, not to exceed the minimum for which adequate care is available, shall be established by the county. Such rates and the basis therefor are to be recorded with the SDSW. In establishing local rates consideration is to be given to

(1) Levels of care recipients need and receive from home or institution and

(2) Fees charged nonrecipients for comparable care.

** When one or more of these items is included in the charge for care, modification in the allowance is required.

A-202.15 MINIMUM NEEDS OF RECIPIENTS IN REHABILITATION FACILITIES A-202.15

The following need items are considered to be common to recipients in certified rehabilitation facilities for whom a plan of rehabilitation has been authorized by the county welfare department. (See Regulations Sec. MC 018 and Handbook Sec. MC 031.6, item II D.)

Board, Room and Personal Care - - - - - - -	$86.00
Clothing ($3), personal expenses ($7), recreation ($2), transportation and errand service ($3) - - - - - - - - - - - - - -	$15.00*

* When one or more of these items is included in the charge for care, modification in the allowance is required.

A-203 SPECIAL NEEDS NOT COMMON TO ALL RECIPIENTS A-203

Special needs are those which are not common to all recipients and which arise out of physical infirmities or other conditions peculiar to the individual's circumstances. These may be for items or services not provided as minimum needs or for greater amounts to meet the cost of minimum need items.

A-204 NONMEDICAL SPECIAL NEEDS A-204

The items and services which are allowed as nonmedical special needs under the conditions specified are listed in Sections A-204.03 through A-204.40.

A-204.03 SPECIAL NEED FOR FOOD A-204.03

Restaurant Meals

When circumstances require that the recipient eat all of his meals in restaurants, an additional $31.50 monthly is allowed. When he eats some but not all of his meals in restaurants a lesser amount is allowed, depending upon individual circumstances.

Special Diets

When a practitioner recommends a special diet, the amount shown on the current SDSW Therapeutic Diet Schedule is allowed.

A-204.05 SPECIAL NEED FOR HOUSING AND UTILITIES A-204.05

When a recipient is being cared for in an out-of-home care facility (see Secs. A-202.10 and A-202.15) the total cost of retaining housing outside the facility (within appropriate ceilings) is allowed as special need. Such allowance is to be continued only as long as there is a probability the recipient will be able to resume living in his own home within a reasonable period of time. When the recipient is receiving medical care, evaluation of his condition and potential for independent living in his own home is to be made jointly with the physician or other appropriate medical staff.

DO NOT WRITE IN THIS SPACE

A-204.06 SPECIAL NEED FOR HOUSING REPAIRS A-204.06

When repairs are necessary to provide safe and healthful housing or to minimize deterioration, and the total cost of such repairs exceeds $10, the cost is allowed as special need. The allowance is not to exceed a reasonable amount for which adequate repairs can be made. The total allowance for repairs in any twelve-month period is not to exceed $200. When housing is owned with someone else, the recipient's share of the cost of the repairs, or his share of the ceiling when the cost exceeds the ceiling, is allowed.

A-204.13 SPECIAL NEED FOR CLOTHING A-204.13

When a recipient has no stock of clothing and thus needs a complete initial stock, or when all or a portion of the recipient's clothing is lost or destroyed in a catastrophy, such as fire, flood, etc., the cost of replacement is allowed. Allowances are not to exceed the amounts shown in the current SDSW clothing schedule.

A-204.15 SPECIAL NEED FOR HOUSEHOLD FURNITURE AND EQUIPMENT A-204.15

An item of household furniture or equipment can be considered as needed by a recipient only when his particular circumstances indicate such need and the item is one appearing in the current State Department of Social Welfare schedule of household furniture and equipment.

When a recipient owns an item which is found to be needed, and repair of such furniture or equipment is necessary, the cost, not to exceed the amount for which such repair can reasonably be obtained, is allowed.

When a recipient is found to need an item which he does not have, or when the item is worn out and replacement appears more reasonable than repair, the cost of a new item is allowed, provided that the cost does not exceed the amount listed for that item in the schedule.

Prior concurrence by the county agency in the plan for repair or purchase is not required, but allowance is to be made, in any case, only in accord with the foregoing conditions.

DO NOT WRITE IN THIS SPACE

A-204.17 SPECIAL NEED FOR TRANSPORTATION A-204.17

Special need for transportation, not to exceed $30 a month, is allowed when:

1. The cost of common carrier to the nearest adequate shopping center exceeds forty cents a round trip. Allowance is the amount by which twenty round trips per month exceeds the $8 basic allowance for transportation.

2. A private automobile is used because of distance from shopping facilities or because adequate common carrier is not available. Allowance is the amount by which the cost of twenty round trips per month, by automobile, to the nearest adequate shopping center, exceeds the $8 basic allowance for transportation.

3. Recipient requires transportation for medical care. If adequate common carrier is available special need is allowed for the actual cost of the required trips by common carrier. If adequate common carrier is not available, special need is allowed based upon a reasonable cost of operating an automobile for the required trips.

If an automobile is required for transportation, the $30 ceiling is applicable to payments on the automobile, fixed charges, upkeep and operating costs. If the automobile is shared with another person or persons, the recipient's prorated share of costs is allowed.

In no event may the total allowance for transportation exceed $38 ($8, minimum need plus $30 special need).

A-204.19 SPECIAL NEED FOR MOVING AND FOR STORAGE OF HOUSEHOLD AND PERSONAL GOODS A-204.19

When moving is necessary because of eviction or to obtain housing which better meets the recipient's needs, and no other provision for moving can be made, the cost of packing and moving, not to exceed the current SDSW moving schedule, is allowed as special need.

When storage of household and/or personal goods is temporarily necessary, the cost in accord with the SDSW storage schedule, is allowed for a period not to exceed six months.

DO NOT WRITE IN THIS SPACE

A-204.24 SPECIAL NEED FOR YARD CARE A-204.24

When the recipient or other member of the household is unable to give minimum essential care to the yard surrounding the recipient's home, the cost of such care is allowed as special need. The allowance is not to exceed the amount shown in the current SDSW yard schedule.

A-204.25 SPECIAL NEED FOR LAUNDRY SERVICE A-204.25

When the recipient does not have facilities for doing laundry himself, or when his health or handicap prevents such activity, and no member of the family is able to do it for him, the cost of laundry service, not to exceed the amounts shown in the SDSW laundry service schedule, is allowed as special need.

A-204.27 SPECIAL NEED FOR TELEPHONE A-204.27

The cost of a telephone is allowed when a telephone is not otherwise readily available on the premises where the recipient resides. The amount allowed shall be the minimum monthly rate for service available to the address where the recipient resides. However, when use of the phone is shared with others in the household, the recipient's share of such minimum rate is allowed.

Exception: If a recipient is physically handicapped or for other bona fide reason needs telephone service, the cost of which exceeds the minimum rate, an amount not to exceed that which will meet his actual need, is allowed.

A-204.40 SPECIAL NEED FOR ATTENDANT SERVICES A-204.40

When the recipient's physical condition is such that he requires attendant services, including housekeeper, homemaker, or home nursing service (the latter not within the scope of the Medical Care Fund) the cost of such service is allowed as special need. Total need, including allowance for the required service, is not to exceed what total need would be in the appropriate level of institutional care. (See Section A-202.10 for need allowances to recipients in nonmedical out-of-home care facilities, and MC_____ for the fee schedule for nursing home care under the MAA program.)

DO NOT WRITE IN THIS SPACE

A-205 DETERMINATION OF NEED FOR MEDICAL CARE - GENERAL A-205

Definition

Medical care includes diagnostic, preventive, corrective and curative services, and supplies essential thereto provided by practitioners (see Sec. MC-014 contained in Appendix - Medical Care) for conditions that cause suffering, endanger life, result in illness or infirmity, interfere with capacity for normal activity or for conditions which may develop into some significant handicap.

A-205.10 METHODS OF PROVIDING MEDICAL CARE A-205.10

Needed medical care is provided through sources specified by Sec. A-205.11 through A-205.15 inclusive.

A-205.11 USE OF COMMUNITY RESOURCES A-205.11

Community resources which are available without charge to all members of the community and services available to the applicant or recipient at no charge through other state or federal programs are to be utilized in preference to payment from the Medical Care Fund or special need allowance to the recipient.

A-205.12 USE OF PREPAID MEDICAL PLANS A-205.12

When all or any portion of a recipient's medical need is covered under any prepaid medical plan or insurance, need is to be met from such medical care plan to the fullest extent possible before any payment from the Medical Care Fund or special need allowance to the recipient (see Sec. A-206.6).

A-205.13 USE OF MEDICAL CARE FUND (SEE APPENDIX, MEDICAL CARE) A-205.13

Medical care for which payment may be made on behalf of a recipient from the Medical Care Fund is to be met from the Medical Care Fund only. (See Sec. MC-030.) "Recipient" as used herein includes an eligible person for whom, in the month the medical care is received:

1. A cash grant payment is made; or
2. The cash grant payment is withheld or suspended only because of a question concerning the amount of aid to which he is eligible (see Sections A-226.10 and A-226.12); and/or
3. The authorized grant is reduced to Zero to adjust for an overpayment (see Sec. A-227.10).

A "medical care only" recipient is any recipient whose income (exclusive of the assistance grant) is sufficient to meet his total minimum and special needs (see Sections A-202 et seq and A-203, et seq), up to $166 a month, but is insufficient to meet such needs plus his medical needs, normally within the scope of the Medical Care Fund. In such case, his medical needs, within the same limitations as would apply if the medical care fund were utilized, are to be met from his income to the greatest extent possible.

(Continued)

DO NOT WRITE IN THIS SPACE

A-205.13 (Continued) A-205.13

If his medical need exceeds his income, the balance of the medical need, if normally payable from the fund, is to be met from the fund. If his income exceeds his medical need, the balance of the income is considered available to apply toward meeting his minimum and special needs within the OAS standard.

When the "medical care only" recipient's income and medical needs are reasonably stable and predictable on a continuing basis, and the income exceeds the average monthly medical need, a period of predictability not to exceed six months may be determined. A single money amount, consistent with medical care fund limitations may be established which will represent medical need for each month of the period so determined. Similarly, single money amounts will be established for

a. Income required to meet the medical need, and

b. Income available to meet his minimum and special needs within the OAS standard.

When the circumstances change substantially from that predicted in determining the projected figures, new projected figures shall be determined for use in future months or, if it is no longer possible to predict needs and income on a continuing basis, monthly determinations shall be made.

A-205.14 USE OF SPECIAL NEED ALLOWANCE A-205.14

Medical care, for which payment cannot be made on behalf of a recipient from the Medical Care Fund, as provided in Sec. MC-020, is allowed as special need within the limitations and conditions specified in Secs. A-206 through A-206.94.

A-205.15 MEDICAL CARE WHEN A PERSON BECOMES A RECIPIENT RETROACTIVELY A-205.15

When a person becomes a recipient retroactively, medical needs during the period for which retroactive aid is granted shall be met in the same manner in which they would have been met if the person had been a current recipient at the time the need occurred. (See Secs. A-205.11 through A-205.14)

A-206 SPECIAL NEED FOR MEDICAL CARE A-206

The items and services which are allowed as special medical needs pursuant to Sec. A-205.14 are listed in Sections A-206.1 through A-206.94. Payment of these items and services is not available from the Medical Care Fund.

A-206.1 SPECIAL NEED FOR DOCTOR'S AND PRACTITIONER'S SERVICES A-206.1

The practitioner's charge for treatment of illness or other service not within the scope of the Medical Care Fund is allowed as special need up to the fee schedule amounts for the Medical Care Program where such have been established (see Sec. MC-040) or in the actual amount when no fee has been set. For this treatment or service the recipient has free choice of any practitioner who meets the requirements set forth in Sec. MC-014 (see Appendix - Medical Care).

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-206.6 SPECIAL NEED FOR PREPAID MEDICAL OR HOSPITAL CARE A-206.6

When the recipient is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed $6.00 monthly, is allowed as special need.

Exception: The cost of insurance in which a disability clause is incidental or which has limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.), is not allowed as special need.

When the item of medical care or service is one for which special need would otherwise be allowed and the prepaid plan or insurance does not cover the item or covers only a portion of it, the cost not met by the prepaid plan is allowed as special need in accord with the limitations specified in Secs. A-206 through A-206.94.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-206.7 SPECIAL NEED FOR HOSPITAL CARE A-206.7

A. Recipient is in a Hospital Which Qualifies for MAA Payments as Provided in W&IC Sec. 4722.

When a recipient becomes a patient in a hospital or nursing home which qualifies for MAA payments, the charge for care received during the month of admission is allowed as special need. Special need continues for the month following admission provided that on the first of such month the recipient is not yet eligible to receive payments on his behalf under the MAA program and he chooses to receive OAS for the month (see Sec. A-225).

Special need is allowed for hospital or nursing home care received in the month the recipient leaves the hospital or nursing home if OAS is restored for that month (see Sec. A-225.1).

Special need allowance for hospital or nursing home care shall not exceed the fee schedule for payment to the facility under the MAA program.

Exception: Special need is not allowed for care received in a certified rehabilitation center when there is an approved rehabilitation plan and payment to the rehabilitation center (exclusive of board and room) is being made from the Medical Care Fund (see Sections A-202.15 and MC 031.6, Item II, D.).

B. Recipient is a Patient in a University of California Hospital or a Federal Hospital

When the recipient is a patient in a University of California hospital or a federal hospital the charge for care, not to exceed the MAA fee schedule for comparable care in a private hospital, is allowed as special need for a period not to exceed two calendar months following the date of admission to the hospital.

C. Recipient is a Patient in an Infirmary or Nursing Unit of an Institution Licensed by the SDSW

When the recipient becomes a patient in the infirmary or nursing unit of an institution licensed by the SDSW but not qualifying for MAA payments, special need is allowed for a period not to exceed two calendar months following the date of admission to such infirmary, etc. The special need allowance is that amount by which the charge for care in the infirmary (or the MAA fee schedule for payment to a private nursing home, if that is less), exceeds the basic allowance for care in the particular facility (see Sec. A-202.10).

DO NOT WRITE IN THIS SPACE

A-206.8 SPECIAL NEED FOR PROSTHETIC APPLIANCES, SICK ROOM EQUIPMENT, AND MEDICAL SUPPLIES A-206.8

The rental charge, purchase or repair cost, whichever is most appropriate for prosthetic appliances, sick room equipment, and medical supplies which are not within the scope of the medical care fund, is allowed as special need subject to the following limitations:

1. Use of the item must be recommended by the recipient's practitioner.
2. The amount allowed may not exceed a reasonable amount for which the item can be obtained.
3. If the total cost of any one item exceeds $25, allowance is subject to review and determination by the county.
4. Total allowance for all items is not to exceed $300 for any one year.

A-206.94 SPECIAL NEED FOR HEARING AIDS A-206.94

When an otologist states that the recipient will benefit from use of a hearing aid, the cost, not to exceed the following maxima, is allowed as a special need:

Hearing Aid - $175.00
Monthly upkeep on hearing aid - 5.00
(Sales tax and carrying charges, if any, are added to the above maxima.)

If the otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid costing more than the maximum, the actual cost of the type of hearing aid needed is allowed.

Special need is allowed for examination by the otologist if the nature of the examination is such that it does not fall within the scope of the Medical Care Fund; i.e., when its sole purpose is to determine the type of hearing aid needed. In such case the allowance shall not exceed the fee schedule for audiometer testing under the Medical Care program.

A-207 SPECIAL NEED TO MEET PAYMENTS ON DEBTS A-207

Allowance is made for payments on debts under the conditions specified in Secs. A-207.1 and A-207.4.

Exception: Allowance is not made for payment on any debt (secured or unsecured) when such debt resulted from receipt of public assistance, including public medical care or care as a public or private patient in a public medical institution.

A-207.1 DEBTS INCURRED BEFORE DATE OF APPLICATION A-207.1

Allowance is made for payments on debts secured by a current necessity before the date of application; e.g., the home, essentials such as household equipment, automobiles, hearing aids, prosthetic appliances, etc., irrespective of the purpose for which the debt was incurred. (See Sections A-204.05 and A-204.17.)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-207.4 DEBTS INCURRED FOR MEDICAL CARE OF RECIPIENT'S FAMILY A-207.4

Allowance is made as provided in W&IC Section 2019.1 for medical debts incurred for the medical care of members of the recipient's family who are essential to his well-being. As used herein members of the family "essential" to the recipient are limited to the recipient's (1) needy spouse, (2) needy incapacitated adult child and/or (3) needy minor child. Such relatives, to be essential, must be claimed by the recipient as essential to his well-being and must reside in his household. A needy spouse or a needy incapacitated adult child is one who, from the standpoint of property holdings, would be eligible to receive OAS and whose income is insufficient to meet his total need including medical care under the standard for an OAS recipient. A needy minor child is one who, from the standpoint of property holdings, would qualify for ANC and whose income is insufficient to meet his total need including medical care under the standard for an ANC recipient.

Allowance for a debt of an "essential member of the family" is subject to the same limitations as would apply if the debt were that of the recipient.

A-208 EVIDENCE OF SPECIAL NEED A-208

Before a payment which includes a special need allowance is made, evidence is required to establish:

1. That the conditions under which the need may be allowed are met;

2. The monthly cost and/or the total cost of the need;

3. The proportion of the cost which should be borne by the recipient if the need is shared by others in the household;

4. The period, if predictable, over which the need will continue.

The cost of needs which are fluctuating and/or unpredictable in their occurrence and amount will be determined monthly. The cost of other special needs will be redetermined as often as necessary, considering the type of need and the potential for change.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

A-211 INCOME - DEFINITIONS A-211

A-211.02 INCOME - GENERAL A-211.02

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interests in real or personal property or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. Within the limits specified in W&IC Sec. 2020.002, county supplementation and/or voluntary contributions from persons or organizations having no liability for the support of the recipient, and contributions in addition to any required support of the recipient, are not considered income when the recipient's grant and other income are not sufficient to meet his total need determined within the limits specified in Chapter 20.

2. Certain benefits received as nonrecurring lump sum payments, and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, or timber) are considered personal property rather than income (see Secs. A-136, Differentiation of Personal Property and Income, and A-137, Acquisition and Conversion of Real or Personal Property).

3. The interest payment on a trust deed, mortgage or promissory note received as a result of real property sold pursuant to W&IC Sec. 454 is earmarked income which, after a home is purchased, must be applied on the home. Therefore, such income is available to apply on other needs only until the month in which the home is purchased and after full payment on the home is completed (see Sec. A-204.05).

A-211.03 SEPARATE INCOME A-211.03

Separate income is (a) income derived as a result of an interest in separate property, or, (b) income resulting from employment or military service rendered prior to the present marriage.

A-211.04 COMMUNITY INCOME A-211.04

Community income is

a. Income derived as a result of an interest in community property, or,

b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income. However, pursuant to W&IC Sec. 2181.06, a spouse's earnings up to $200 a month are not to be considered as community income.

c. Income from the earnings of a minor child, unless the child has been emancipated. (See Sec. A-152, Responsibility of Adult Child.)

A-211.05 CURRENT INCOME A-211.05

Current income is that which is received in the current month regardless of the period over which it accrued.

Exceptions:

1. When all or a portion of a nonrecurring lump-sum payment is determined to be income pursuant to W&IC Sec. 2020.01, it is considered "current income" in the month following receipt (see Sec. A-136).

2. Interest payments in decreasing amounts may be averaged.

Any unexpended portion of current income (including casual income and income from an inconsequential resource. See Sections A-211.06 and A-211.07) becomes personal property on the first of the month following receipt of the income. Exception: See Sec. A-212.7, Recurring Lump-Sum Income.

A-211.06 CASUAL INCOME AND INCONSEQUENTIAL ASSISTANCE A-211.06

Casual income and inconsequential assistance is income in cash or in kind which is (1) unpredictable as to amount and time of receipt; (2) of short duration; and (3) of negligible importance in meeting continuing needs under the OAS standard. Such income is not considered in determining the amount of the aid payment.

A-211.07 INCOME FROM AN INCONSEQUENTIAL RESOURCE A-211.07

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the OAS standard. Such income is not considered in determining the amount of the aid payment.

A-212.30 NET INCOME A-212.30

Net income from property (including that from property in which a life estate is held), produce or business enterprises is determined by deducting from gross income all normal items of expense incident to its receipt. Principal payments on encumbrances are not considered a necessary item of expense except when determining net occupancy value of a home. (See Sec. A-212.9)

Net income from wages, salaries or commissions is the amount remaining after subtracting all required deductions and expenses incurred in the securing and retention of employment.

DO NOT WRITE IN THIS SPACE

A-212.40 EVALUATION OF INCOME IN KIND A-212.40

Income in kind is any benefit received other than in cash. It includes the value of need items which a person, home or institution is obligated to provide the recipient pursuant to a partial life care contract, life lease or other agreement.

When a need item is being earned, contributed or is otherwise received in kind either directly or by payment to a vendor, the income value placed upon such earnings, contributions, etc., is the amount specified for the item in the OAS standard of assistance (see Chapter 20) with the following exceptions:

Rent - The value placed upon rent which is earned or contributed in kind is $15, $10, or $5, dependent upon whether the adequacy of the housing is standard, intermediate, or substandard.

1. Standard housing is a dwelling or a room which meets standards of health, safety, and decency, and provides privacy, sanitary facilities and comfort.

2. Intermediate housing is a dwelling or a room which does not have adequate provision for privacy and comfort but which provides minimum sanitary facilities and safety.

3. Substandard housing is a dwelling or a room which does not have adequate sanitary facilities, nor provide for privacy, comfort and safety.

No more than $3 is to be considered the value of a makeshift shelter such as a dugout, cave, or tent.

Utilities - When all necessary utility items are earned or contributed, the income value is $6. If less than all utility items are earned or contributed, the proportionate share of this figure which is reasonably applicable to the earned or contributed items is used.

When a contribution is in the form of payments on an encumbrance on the recipient's property, the amount of the payment (the portion allocable to his share if the property is owned with others) is income.

DO NOT WRITE IN THIS SPACE

A-212.50 DIVISION OF INCOME WITH SPOUSE AND MINOR CHILDREN A-212.50

I. Income from a capital asset which is community property - when a couple has such income, each is considered to receive an equal share.

II. Income received by either of a couple as a dependent of a service man - such income is to be allocated to the ineligible spouse and his minor children in the amount needed for their support unless otherwise stipulated by the service man.

III. Other income is apportioned as follows:

A. Income of Recipient

Community and/or separate income of the recipient may be allocated to the spouse (if his needs are not otherwise met) in the amount required to meet the spouse's needs under the OAS standard but not to exceed one-half of the income. No allocation of any such income is to be made (1) for the support of minor children; or (2) to a spouse who refuses to take all actions necessary to receive unconditionally available income; i.e., income he has only to claim or accept.

B. Income of Ineligible Spouse

Community and/or separate income of the ineligible spouse may be retained in the full amount up to $200 net per month to meet the spouse's needs (see Sec. 212.30). Additional amounts are allowed to meet medical expenses, needs of minor dependent children, and debts incurred for necessities of life. Any balance, up to one-half of the total net income is to be allocated to the recipient.

When income of the ineligible spouse is of a temporary nature, is received only on a periodic basis, or fluctuates substantially from month to month, a single money amount shall be established, based on an average of the anticipated income for the calendar year. This single money amount will be considered as the continuing monthly income from such source until a redetermination is made because of a change in circumstances not anticipated in the original determination.

For purposes of this section, all OASDI and Railroad Retirement payments received by either the recipient or his spouse are to be treated as though they were community income.

DO NOT WRITE IN THIS SPACE

A-212.9 INCOME VALUE OF HOMES OWNED AND OCCUPIED A-212.9

When the cost of the housing-utility item exceeds the minimum allowance for housing and utilities (see Sec. A-202.05) no income value results from occupancy of a home which is owned.

When the recipient owns his home or has a life estate in it and the cost of the housing and utility items is less than the minimum allowance for housing and utilities the income value resulting from occupancy of the home is whichever of the following is less:

1. The difference between the combined housing utility costs and the minimum allowance for housing and utilities or

2. The value determined by the following scale:

Assessed Value of Home	Occupancy Value
$500 or less	$3
$501 to $1000	$4
$1001 to $1500	$5
$1501 to $2000	$6
$2001 to $2500	$7
$2501 to $3000	$8
$3001 and up	$9

If the home is not assessed as either real or personal property, 25% of the market value is used in lieu of the county assessed value.

When the property conains more than one dwelling unit, value of occupancy under the scale is based on the proportion of the assessed value which the unit the recipient occupies bears to the total dwelling space.

Value of occupancy under the scale for farm or ranch homes is based on the assessed value of the dwelling and the land immediately contiguous to it. (See Handbook Secs. A-132.05 and A-132.10.)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATI...
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

A-221 AMOUNT OF AID PAYMENT A-221

Aid is to be paid monthly, subject to the limitations of W&IC 2020, and 2020.002. The amount of grant is determined by subtracting the recipient's current net income received in the month (as determined in accord with Chapter A-21), from his total need (as determined in accord with Chapter A-20), or from $166, whichever is less.

Payment is to be authorized, changed, suspended, denied or discontinued by use of Forms ABD 278L and ABD 278M or approved substitutes. (See Sec. A-025.24, Forms ABD 278L and ABD 278M.)

In determining the amount of the aid payment for a particular month, all income and those special needs which existed and were reported before the end of that month are considered.

Exceptions:

1. When the change occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month.

2. When special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected.

DO NOT WRITE IN THIS SPACE

A-222 MONEY PAYMENT PRINCIPLE A-222

Aid payments shall be made in conformity with the money payment principle that each recipient has the right to manage his own affairs; to decide what use of his payment will best serve his interests; and to make his purchases through the normal channels of exchange, enjoying the same rights and discharging responsibilities in the same manner as other members of the community.

Definition

Aid payments are money payments to recipients.

a. Delivered unconditionally to the recipient (or the legally appointed guardian or conservator of his estate) with no state or county control of the use of the aid payment. (See Appendix Fiscal Manual Section, Sec. F-310, Item B-2, Payments Upon Death of Recipient or Payee.)

b. Made to the recipient in advance at regular monthly intervals.

c. Intended for the benefit of the recipient only and do not constitute income to any other person.

Delivery of the warrant is to be made only to the recipient or otherwise delivered according to his instructions.

No payments are to be made to a guardian or conservator who is accountable either to the assistance agency or to a public institution responsible for providing care for the recipient.

DO NOT WRITE IN THIS SPACE

B-212.05 CONTRIBUTIONS FROM RELATIVES B-212.05

While W&IC Secs. 3011 and 3411 provide that no relative can be compelled to support an applicant or recipient, their voluntary contributions are treated as income except as provided in Reg. B-211.02. See B-212.50 for division of income with spouse and minor children.

B-014.70 COUNTY RESPONSIBILITY FOR INFORMING APPLICANTS AND RECIPIENTS - ANB-APSB B-014.70

The applicant or recipient shall be (a) informed of the eligibility requirements for AB, (b) notified of any county action which relates to his application or affects aid payment to him and (c) advised of his responsibility for reporting facts material to the determination of his eligibility. All such notifications, advice, etc., shall be in simple understandable language, individualized on the basis of the circumstances in the particular case. Required notifications include:

A. NOTICE OF COUNTY ACTION GRANTING AID OR CHANGING THE AMOUNT OF THE GRANT

Immediately following county action, granting aid or changing the amount of the grant, the applicant or recipient shall be notified in writing of the action taken. Form Bl 239, or Bl 239A, Notice of Action - AB, or a substitute form containing substantially the same information as appears on the Form Bl 239, or Bl 239A, shall be used for this notification. (See Handbook Sec. B-025.15)

Exception: Form ABCD 239, or an equivalent substitute form or letter may be used in lieu of the Bl 239, or Bl 239A, to report county action when authorizing a supplemental grant. (See Sec. B-025.16, 4, B)

(Continued)

DO NOT WRITE IN THIS SPACE

B. NOTIFICATION WHEN APPLICATION IS HELD PENDING ELIGIBILITY

If an AB application is being held pending eligibility as provided in Sec. B-014.45, the applicant shall be notified in writing of the determination. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification, Form B1 239-C shall also be sent to the applicant as notification of his responsibility to report changes in his circumstances.

C. NOTICE OF COUNTY ACTION DENYING, WITHHOLDING, OR DISCONTINUING AID

Immediately following county action denying an application, withholding, cancelling or discontinuing aid payment, the applicant or recipient shall be notified in writing of the action taken. Form ABCD 239, Notice of Action, or a substitute form containing substantially the same information as appears on both the face and reverse of the ABCD 239 shall be used for this notification. (See Sec. B-226.10 for additional information to be included on the required notification when the aid payment is withheld.)

D. NOTIFICATION WHEN APPLICATION IS WITHDRAWN

If the applicant withdraws his application, Form DPA 8, Notice to Applicant Who Withdraws Application, or an equivalent substitute form, shall be mailed or given to him unless the county elects to deny the application, in which case a Form ABCD 239 or appropriate substitute, shall be sent to him.

E. NOTICE TO RECIPIENT OF HIS RESPONSIBILITY

Every recipient shall be notified regularly of his responsibility for reporting facts material to a determination of his eligibility and amount of grant. To accomplish this, Form B1 239-C, Important Notice to All AB Recipients, or a substitute form containing substantially the same information, shall be mailed to the recipient as specified below:

1. At the time of the initial warrant on new cases or restorations

2. At least semi-annually on all continuing cases

3. At other times when the county believes notification would be of particular significance, including those instances in which the application is held pending eligibility. (See Sec. B-014.45)

DO NOT WRITE IN THIS SPACE

B-024 REQUIRED FORMS - ANB-APSB B-024

The following forms, completed in accord with instructions for their use are required when the circumstances to which they relate exist:

BL 200 Application for Aid to the Blind (see Sec. B-011.11)

BL 227 Physician's Report of Eye Examination (see Sec. B-192.01)

BL 227 (Supplement) Report of Observation of Visual Fields

BL 227A Optometrist's Report of Eye Examination (see Sec. B-192.01)

ABCD 215 Notification of Transfer (see Handbook Sec. B-024.56)

ABD 235 Certification from State Department of Mental Hygiene of Applicant's Release from State Hospital (see Sec. B-013)

DPA 1 Request for Federal OASI and Nonmedical Disability Information (see Sec. B-213)

DPA 6 State Department of Social Welfare Appeal as to Responsibility for Support (see Sec. B-017)

B-012.10 GENERAL REQUIREMENT - ANB-APSB B-012.10

The county receiving an application or request for restoration (see Sec. B-010.20) shall by careful inquiry into the circumstances of the applicant or recipient determine whether he meets the conditions of eligibility specified in the W&IC and the regulations of the SDSW (Chapters B-10 through B-14 and Chapters 16 through 19), and if found eligible shall authorize the amount of aid to which he is entitled in relation to his needs and income. (Chapters B-20 through B-22.)

If an individual appears to be eligible for both ANB and APSB it is the responsibility of the county to determine the program which would be more appropriate to his needs. (See Chapter 31, Decreasing Dependency.) An application for ANB may be used to grant APSB, if eligible therefor, or vice versa.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-130 STATUTES AND REGULATIONS ON PROPERTY ALLOWANCES - ANB-APSB B-130

B-130.10 OBJECTIVE - ANB-APSB B-130.10

In determining eligibility with respect to property, it is necessary to ascertain the purposes for which the applicant holds property. The Code provides that an applicant is eligible if the property he owns is held for any one of the following purposes (within certain limitations):

(1) To provide him with a home; (2) to provide him with income to help meet his needs; (3) to provide him with a reserve to meet a contingent need.

Thus, the property provisions in the Code place the emphasis on the purpose for which property is allowed to be held by the recipient. The specific limitations with respect to use or total value on some types of property holdings constitute a part of the definition of a needy person; but the more important consideration is that property may be held, within those limitations, because it meets a present or future need of the recipient.

Regulations contained in the chapter on property are intended to reflect this emphasis. They are designed to express a general test: Does the property holding meet a current need of the recipient or is it held for some future need? This test should be the basis of decision in situations not specifically or exactly covered by the regulations. (See Handbook Sections B-133.20, Ways of Utilizing Property, and B-133.30, Decision as to way of Utilizing Property.)

The W&IC specifically provides that the policies governing eligibility with respect to property shall be administered in a manner which gives consideration to the ability and circumstances of the applicant in order that undue hardship not be imposed upon him in making his plans to comply with property provisions.

B-131 OWNER OF PROPERTY - ANB-APSB B-131

The owner of property is the person who holds legal title or holds the property unless a) he holds title of the property only for convenience; i.e., for purposes of inheritance or to avoid probate, etc., and b) he has no beneficial interest in the property, i.e., no right to possess and use the property or to receive the proceeds. Conversely, a person for whom legal title of property is held by another under these circumstances, is the owner.

B-132 EVALUATION OF PROPERTY - ANB-APSB B-132

B-132.05 PROPERTY USED AS THE HOME - ANB-APSB B-132.05

If real or personal property owned by the applicant, or in which the applicant owns an interest with any other person, is used by the applicant as a home, the value is disregarded in determining property holdings. The home may be a single dwelling or one with multiple units provided the units not occupied by the applicant are yielding income for his support consistent with their rental value. (See Chapter 21, Determination of Income.)

Temporary absence from the home does not affect eligibility as long as there is a sound basis for anticipating that the recipient will again occupy the property within a reasonable period of time.

DO NOT WRITE IN THIS SPACE

B-132.10 PROPERTY OTHER THAN THE HOME - ANB-APSB B-132.10

ANB

Additional real property may be owned provided (1) it is producing income consistent with its value and which income is used for the support of the applicant and (2) the applicant's and his spouse's, if any, equity in the property does not exceed a net assessed value of $5,000. (See Secs. B-133, Utilization of Real Property and B-212.30, Net Income.)

The applicant may also retain as a reserve additional real and/or personal property not to exceed an actual value of $1,200. If both of a married couple are recipients of public assistance (OAS, ANB, ATD, MAA), the outside limit of such reserve may not exceed $2,000 for the couple. Any part of such reserve which is real property shall be valued at its net appraised market value. The value of any reserve which is personal property is the net value available to applicant for his use.

APSB

The value of real and/or personal property holdings may not exceed $5,000 county assessed value less the total amount of encumbrance of record against such property. If the personal property is not assessable, the current market value is determined, and the ratio which the assessed value in the county bears to the market value is used. (See Sec. B-135.10 for certain exceptions in APSB.)

An applicant may own additional real and/or personal property provided (1) such property is required to effectuate a plan for self-support and (2) its value does not exceed $5,000.

If real property holdings are not assessed and it is impossible to obtain an assessment, 25% of the market value is used. Similarly, in the absence of evidence to the contrary, if the assessed value of property holdings is known, then the market value may be determined by multiplying by 4 the assessed value.

If the applicant or applicant and spouse are not the sole owners of propert only his or their proportionate share is included in the total value. (See Sec. B-212 Income Value of Homes Owned and Occupied.)

The income-producing requirement and the limitation on assessed value pertaining to property are not applicable to the separate property of the spouse of an applicant or recipient.

DO NOT WRITE IN THIS SPACE

B-132.30 REAL PROPERTY ITEMS TO BE INCLUDED - ANB APSB B-132.30

In addition to those items commonly considered to be real property, the following items are evaluated as real property:

1. Real property being bought or sold under contract of sale
2. Real property being sold while it is held in escrow
3. Cemetery property held for profit
4. In APSB, the proceeds from conversion of property within the limits specified in W&IC Sec. 3447.3.

B-132.50 REAL PROPERTY ITEMS TO BE EXCLUDED - ANB-APSB B-132.50

The following items are to be excluded in evaluating real property holdings: (See Sec. B-212.9, Income Value of Homes Owned and Occupied.)

1. The applicant's home
2. An Indian's interest in land held in trust by the United States Government
3. Real property in which the applicant or recipient holds life estate
4. Real property owned by minor children of the applicant or recipient
5. Any property right which is not available for the applicant's use or expenditure.

DO NOT WRITE IN THIS SPACE

B-132.70 APPLICANT'S EQUITY IN PROPERTY - ANB-APSB B-132.70

In addition to the types of liabilities commonly considered encumbrances on real property (mortgages, deeds of trust, delinquent tax liens, judgment liens, mechanic's liens, assessments, etc.), the following are considered encumbrances:

1. The unpaid balance of the purchase price of property being purchased under contract of sale.

2. The amount paid on the principal for property being sold under a contract of sale.

In addition to the types of liabilities commonly considered encumbrances on personal property (loans, attachments for debts or taxes, chattel mortgages, liens, etc.), the following are considered encumbrances:

1. The unpaid balance of the purchase price of property being purchased under a conditional sales contract.

2. The amount paid on the principal for property being sold under a conditional sales contract.

DO NOT WRITE IN THIS SPACE

B-133 UTILIZATION OF REAL PROPERTY - ANB B-133

B-133.10 DEFINITION OF UTILIZATION - ANB B-133.10

Property is considered to meet the income-producing requirements of W&IC Sections 454 and 455 if it is making a reasonable contribution toward the current needs of the recipient.

When the home is a multiple dwelling unit, the units not occupied by the recipient are expected to produce income consistent with their rental value. Consideration shall be given to the circumstances of each recipient so that undue hardship is not imposed. If the units have little or no net rental income, but are being rented as continuously as possible, the requirement that such units produce income consistnet with their rental value is met.

Real property other than the home is expected to yield income reasonably consistent with its value. Unless there are unusual circumstances, such property should yield a minimum net return at 6% per year on the market value of the property. Net return is determined by deducting allowable expenses (see B-212.30, Net Income). If the property is vacant for a portion of the year, only the prorated percentage of return which represents the period of occupancy shall be used. If a plan for the use of such property supports a conclusion that it will contribute to the need of the applicant in the immediate future, or if it is sold for an amount consistent with its current market value and the plan and terms of sale are consistent with the requirement of reasonable contribution toward current needs, the requirement for use of the property is met.

Sale is not a reasonable plan of utilization if the net proceeds the recipier could reasonably expect to realize from the sale, together with other reserve property, would not exceed $1,200 (or the combined reserve holdings of a married couple would not exceed $2,000 if both are recipients of public assistance.)

B-133.40 RECIPIENT ACTION TOWARD UTILIZATION - ANB B-133.40

The law requires that (1) if the home consists of multiple units, those units not occupied by the applicant be rented so that they may yield income for the support of the recipient, and (2) real property other than the home yield income consistent with its value for the support of the recipient. These requirements mean, in effect, that the recipient must utilize such property to help meet his needs.

The recipient is given a reasonable period in which to initiate a plan for utilization of property not already being utilized in some acceptable way. For new applicants this period is three months from the date the application was granted. Otherwise this period is three months from the date the recipient was advised of the utilization requirement. In either case, the period may be extended if circumstances beyond his control prevent the owner from proceeding with his plan. If a recipient has made no effort to utilize his property by the expiration of a reasonable period, ineligibility results.

An applicant or recipient who refuses to consider development of a plan for utilization becomes ineligible immediately.

Until an acceptable method of utilization is found, all reasonable methods must be attempted and the recipient is given one year (including the initial three-month period) in which to develop such an acceptable method of utilization. This period may be extended if there are extenuating circumstances which support a conclusion that a successful method of utilization can and will be developed within six months following expiration of the one-year period.

DO NOT WRITE IN THIS SPACE

B-135.05 DIVISION OF PROPERTY RESERVE WITH SPOUSE - ANB B-135.05

Separate property owned by the applicant or recipient and his share of community property is included in evaluating his total property reserve. (See Secs. B-135.10 and B-132.30.)

Each of a couple is presumed to own a one-half interest in community property, regardless of which spouse holds the property. All property held in the name of the spouse of a married person is presumed to be community property unless evidence establishes it to be separate property. Exception: Burial trusts and interment plots are considered the separate property of the spouse who is to be the beneficiary or user.

If the spouse with whom a recipient is living applies for public assistance, continuing eligibility of the recipient depends upon the value of the separate and combined property reserve of the couple. The separate property of a spouse who is not an applicant for or recipient of public assistance is not included in evaluating total property reserve of the applicant or recipient.

If each of a couple is an applicant and/or recipient of public assistance and the property reserve of each spouse does not exceed $1200, but their combined property reserve exceeds $2000 (See Sec. B-132.05) aid is granted (or continued) to one spouse and aid for the other spouse is denied (or discontinued). The decision, when aid can be granted to either one of the couple, but cannot be granted to both, as to which one shall receive aid rests with the couple. If it is to their advantage to grant to one rather than the other, this is explained.

DO NOT WRITE IN THIS SPACE

B-135.10 PERSONAL PROPERTY ITEMS TO BE INCLUDED - ANB-APSB B-135.10

The following items (including those subject to purchase or sale under a conditional sales contract) are evaluated as personal property:

1. Cash, savings accounts, securities, etc.

2. Notes, mortgages and deeds of trust. Exception: See W&IC Secs. 3047.3 and 3447.3

3. Motor vehicles not needed for transportation by the applicant or recipient. (See W&IC Secs. 457 and 3447.25.) Need exists for a motor vehicle as a means of transportation when there is no other means of transportation available or the recipient is not physically able to use any other type of transportation. However, a motor vehicle, the market value of which exceeds $1500, is not considered to be a vehicle "needed for transportation."

   The market value of a motor vehicle is determined by multiplying the vehicle license fee by 50. Exceptions: The actual market value is used when: (1) The vehicle license fee value of a vehicle otherwise needed for transportation is determined to be in excess of $1500; or (2) The vehicle license fee value of a vehicle not needed for transportation brings total property reserve in excess of the maximum permitted by law (see W&IC Sec. 456).

4. The cash surrender value of life insurance, including burial insurance on the life of the applicant or recipient and on the life of the spouse. (For exception in APSB, see Sec. B-135.30.)

5. Burial trusts or similar funds. (For exception in APSB, see Sec. B-135.30.)

6. Interment plots, crypts, vaults, etc., if retained for use of the owner (See Sec. B-132.30, Item 3). Such a space is valued at $50 regardless of purchase price. (For exception in APSB, see see Sec. B-135.30.)

7. The lesee's interest in a lease of real property for a period of years. Exception: See W&IC 454.

8. Commercial or other business enterprises including farm equipment, livestock and fowl, other than that retained for family use only, etc.

9. Interests in firms in receivership.

10. Interests in undistributed estates if the property is available prior to distribution.

11. Interests in trust funds of which the applicant or recipient is beneficiary if the property is in fact available.

(Continued)

DO NOT WRITE IN THIS SPACE

B-135.10 (Continued) B-135.10

12. Any other property which is not real property and which is not excluded under Sec. B-135.30.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

B-135.30 PERSONAL PROPERTY ITEMS TO BE EXCLUDED - ANB-APSB B-135.30

In addition to items excluded by W&IC Section 457, the following items are excluded when evaluating total personal property:

1. Any personal property used as a home.

2. Personal property owned by minor children of an applicant or recipient including insurance policies on the lives of minor children.

3. Funds held in an escrow account if the escrow can be revoked only upon the consent of all parties involved.

4. Recurring lump sum income. (See Sec. 212.7.)

5. Proceeds from the conversion of property being retained for the purpose of buying a home, within the limits specified in W&IC Sec. 454.

6. Stock in a water company not appurtenant to the land in the amount necessary for agricultural purposes.

7. Items which are necessary to implement a rehabilitation or self-care plan for the applicant.

8. The value of personal effects (clothing, household furnishings and equipment, personal jewelry, etc).

9. Funds for readers or an educational scholarship, or both. (See W&IC Secs. 3084.4 and 3447.)

10. In addition, the following are also excluded in APSB:

Cash surrender value in life insurance, provided:

The policy is on the life of the applicant or recipient
and
The policy has been in effect at least five years prior to the date of application for APSB
and
The maturity value does not exceed $1,000.

Cash or insurance to the extent of $500 provided such cash or insurance has been placed in trust for:

Interment plots
and/or
Funeral or interment expenses.

B-136 DIFFERENTIATION OF PERSONAL PROPERTY AND INCOME - ANB-APSB B-136

The following are considered personal property rather than income when received as nonrecurring lump sum payments:

1. Judgments, out of court settlements, and payments received because of compensation or personal injury laws

2. Inheritances

3. Cash received by the insured from the surrender or maturing of insurance policies

4. Cash received as the beneficiary of insurance including OASI lump sum death payments

5. Refunds of excess premium payments on National Service Life Insurance

6. Cash received by the recipient and/or his spouse from retirement or pension systems

7. Personal income tax refunds

8. Cash received as an irregular nonrecurring gift.

   Exceptions:

   a. If as a result of such gift, property reserve on the first of the month following receipt of the gift exceed the amount allowable (see W&IC Secs. 456 and 3447) the excess is income in that month.

   b. If the donor has a contractual obligation to make payments or if the recipient has a legal right to the money received; e.g., cash received as beneficiary of an insurance policy, such cash payments are not considered "gifts."

9. Insurance payments received as the result of fire, flood or other catastrophe. Exception: Such payments received because of damage to the home are exempt from consideration as either personal or real property for a period not to exceed one year if held to rebuild or repair the home.

DO NOT WRITE IN THIS SPACE

B-137 ACQUISITION AND CONVERSION OF REAL OR PERSONAL PROPERTY - ANB-APSB B-137

Real or personal property may be acquired or converted to other forms by a recipient without affecting eligibility if the resultant holdings do not exceed the maximum allowed by the code (see Sec. B-138.20, et seq. regarding property transfers which do not result in incligibility).

In ANB, the applicant or recipient who does not own a suitable home; i.e., one which meets his requirements, or the applicant or recipient who desires to sell his home and purchase another, is permitted to use any real property or the proceeds from the sale of real property to buy a home. Any such property (or proceeds) is considered to be used as a home and no value is placed thereon provided:

1. He has a definite plan to use the property through conversion or transfer within six months for the purpose of providing himself with a home.

and

2. The property or the proceeds received from the sale of property are used to purchase a home, or apply on the balance due on a home already purchased within one year from the date of the sale or within one year from the date of application, whichever is later. Such proceeds may also be applied to the costs of moving, necessary furnishings and repair and alteration to the home; or an amount may be retained within the limits set for a reserve. (See Sec. B-132.10, Property Other than the Home.)

In effect, this means that real property or proceeds from real property may be evaluated as a home for up to 18 months after initiation of a plan to purchase a home.

In APSB, proceeds from the conversion of real property are evaluated as real property within the limits specified in W&IC Sec. 3447.3 provided the applicant or recipient plans to use such proceeds to purchase a home, to apply on the balance due on a home already purchased or to make necessary repairs to his home. "Balance due" as used in the code and herein is limited to principal and interest payments on the home.

These regulations are to be applied in a flexible and reasonable manner which, within the limits specified in the W&IC, will allow the recipient a maximum freedom of choice in the acquisition, conversion, or disposition of property resources without affecting his eligibility.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

B-138 TRANSFER OF PROPERTY - ANB-APSB B-138

B-138.10 RESPONSIBILITIES IN PROPERTY TRANSFERS - ANB-APSB B-138.10

Applicants and recipients are responsible, in so far as able, for giving all available information to assist the county in determining whether a transfer of property was made in order to qualify for aid, to qualify for a larger amount of aid or to avoid utilization. Recipients are also responsible for immediately notifying the county of any transfer which occurs after aid is granted.

B-138.20 TRANSFERS OF REAL OR PERSONAL PROPERTY WHICH DO NOT RESULT IN INELIGIBILITY - ANB-APSB B-138.20

There is a presumption that transfers made more than two years preceding the application were not for purposes of qualifying for aid or for a greater amount of aid or to avoid utilization. Other circumstances under which property transfers do not result in ineligibility are specified in Secs. B-138.21 through B-138.25.

B-138.21 TRANSFER FOR FAIR CONSIDERATION - ANB-APSB B-138.21

A transfer of property in which the grantor receives fair consideration, in light of current property values, in return for his equity does not result in ineligibility provided that the resultant holdings are within the maximum allowed.

B-138.22 TRANSFER TO SATISFY A DEBT - ANB-APSB B-138.22

A transfer of property to satisfy a bona fide debt or obligation in an amount which represents a reasonably adequate consideration for the grantor's equity does not result in ineligibility. Due to the mutual obligation existing between parent and child, support given to a parent is not a valid debt unless there is evidence that the child became indebted in order to render the assistance or that the assistance given otherwise resulted in undue hardship on him or his immediate family.

B-138.23 TRANSFER WHEN FORECLOSURE IMMINENT - ANB-APSB B-138.23

Transfer or assignment of property if foreclosure or repossession is threatened, or if it is clear that such property cannot be retained, does not result in ineligibility unless there is evidence of collusion. If there is evidence that a grantor was unable to refinance the property due to the necessity for payment of a substantial sum on the principal or because of his advancing years and diminishing ability to make payments, the transfer may be held to involve property in which foreclosure was imminent.

B-138.24 TRANSFER OF SEPARATE PROPERTY OF THE SPOUSE - ANB-APSB B-138.24

The transfer by a spouse of his or her separate real or personal property does not affect the eligibility of the other spouse.

B-138.25 TRANSFER OF REAL PROPERTY WITH RETENTION OF LIFE ESTATE (ELIGIBILITY NOT AFFECTED) - ANB-APSB B-138.25

There is a presumption that real property transferred with retention of life estate does not affect eligibility if the property transferred is:

1. The home property

   Transfer of real property at any time with the retention of life estate does not result in ineligibility if the property is the home of the grantor and will continue to be utilized to meet his housing need.

2. Property other than the home

   Transfer of real property with retention of life estate within two years prior to application does not result in ineligibility if:

   a. The property is being utilized or a plan for utilization is in progress and the transfer does not preclude future utilization by the life tenant, or

   b. Development of a reasonable plan for utilizing the property is not possible. (See Sec. B-133.10)

The life estate agreement must be written and recorded. (See Sec. B-138.34 for circumstances under which it is presumed that a transfer of property with retention of life estate results in ineligibility.)

DO NOT WRITE IN THIS SPACE

B-138.30 TRANSFERS OF REAL OR PERSONAL PROPERTY WHICH RESULT IN INELIGIBILITY - ANB-APSB B-138.30

Transfers of property which are made to qualify for aid or for greater amount of aid, or in ANB to avoid utilization, result in ineligibility. Circumstances under which ineligibility is presumed to exist as a result of property transfer are specified in Secs. B-138.31 through B-138.36.

B-138.31 TRANSFER IN RETURN FOR LIFE CARE - ANB-APSB B-138.31

A transfer of property subject to the condition that the grantee will provide full support for the grantor for the remainder of his life renders the grantor ineligible. If an enforceable contract provides for less than full support, the value of the support provided shall be considered income.

B-138.32 TRANSFER FOR PURPOSE OF REDUCING HOLDINGS WITHIN STATUTORY MAXIMUM - ANB-APSB B-138.32

A transfer of property in order to reduce remaining holdings within the statutory maximum results in ineligibility. If the transfer occurred more than two years prior to the date of application, there is a presumption that the transfer was made in good faith and not for the purpose of qualifying for aid.

B-138.33 TRANSFER OF REAL PROPERTY FOR THE PURPOSE OF AVOIDING UTILIZATION (ANB) B-138.33

Even though the county assessed value, less encumbrances, of real property owned by an applicant or recipient or his equity therein is within the statutory maximum, a transfer of all or a portion of such property results in ineligibility if the transfer is made

1. To avoid utilization of the property, or
2. To safeguard future eligibility status by divesting the applicant or recipient of proceeds which he would receive if the property were to be sold.

DO NOT WRITE IN THIS SPACE

B-138.34 TRANSFER OF REAL PROPERTY WITH RETENTION OF LIFE ESTATE (INELIGIBILITY PRESUMED) - ANB-APSB B-138.34

There is a presumption of ineligibility for a transfer without consideration of real property with retention of life estate if:

1. Transfer was within two years of date of application, and

2. Value of personal property when added to market value of transferred property would have exceeded maximum amount of property reserve permitted by law, and

3. In ANB, utilization of property was possible only by sale.

The presumption is refuted if the transferor's purpose at the time of the transfer was not to avoid future ineligibility or in ANB to avoid utilization. (See Sec. B-138.25 for circumstances under which it is presumed that a transfer of property with retention of life estate does not affect eligibility.)

B-138.35 RELINQUISHMENT OF LIFE ESTATE TO AVOID UTILIZATION (ANB) B-138.35

Relinquishment of a life estate in real property is presumed to be for the purpose of avoiding utilization if:

1. The property is being utilized by the life tenant either as his home or in another way, or utilization is feasible, and

2. The life tenant does not receive adequate consideration.

Unless this presumption is refuted, ineligibility results.

If the transfer with retention of life estate was prior to June 1, 1951, or two or more years prior to application (whichever date is later), adequate consideration for relinquishment of the life estate is determined by applying the California State Gift Inheritance Tax formula. Otherwise, adequate consideration is that which is consistent with the net sale value of the property at the time of relinquishment. Exception: If the remainderman has invested in the property, the value of the life estate would be modified by the remainderman's investment.

DO NOT WRITE IN THIS SPACE

B-138.36 TRANSFER OF INCOME PRODUCING PERSONAL PROPERTY - ANB-APSB B-138.36

There is a presumption that a transfer of income producing personal property is for the purpose of qualifying for a greater amount of aid. Unless this presumption is refuted ineligibility results.

B-138.40 DURATION OF INELIGIBILITY DUE TO TRANSFER OF PROPERTY - ANB-APSB B-138.40

After a transfer of property which resulted in ineligibility, the period of ineligibility begins the first day of the month following that in which the transfer occurred. This period is not extended because of income received during the period.

Aid paid to a recipient during the period of ineligibility has no effect on the period of ineligibility.

The duration of ineligibility due to a transfer of real property (other than that included in the allowable reserve) is the period during which a reasonable return for the grantor's equity in the property, had it been sold, would have supported the grantor and those dependent upon him. If at the time of transfer the grantor's property reserves were less than the maximum allowable (see Section B-132.10), the amount which would have been available to support the grantor and his dependents from the property transferred is reduced by that amount which would have given him the maximum property reserve, before the period of ineligibility is computed. The duration of ineligibility due to a transfer of personal property is the period during which the amount of personal property in excess of the statutory maximum at the time of the transfer would have supported the grantor and those dependent upon him.

The following amounts are used as the monthly maintenance allowance for an individual with, and without, dependents: (A dependent is one whose major support has come from the applicant or recipient.)

1 person	$200
1 person with spouse, or, 1 person with one dependent	$300

(The allowance is increased by $100 for each additional dependent)

If there are two or more transfers resulting in ineligibility, the period of ineligibility is the sum of the periods resulting from each transfer and begins with the first day of the month following that in which the first transfer occurred.

The period of ineligibility ends if the property which was transferred and which caused ineligibility is reconveyed to the grantor, or if he receives reasonably adequate consideration for it subsequent to the transfer.

DO NOT WRITE IN THIS SPACE

B-200 STANDARD OF ASSISTANCE - ANB-APSB B-200

The total standard of assistance for a blind person who meets the eligibility requirements for AB includes:

1. Minimum needs common to all recipients as set forth in Sections B-202.05 B-202.15, B-202.20 and B-202.25.

2. Special needs as specified in Sections B-203, et seq.

3. Medical care paid on behalf of the recipient from the Medical Care Fund as provided in Sections MC 010, et seq.

4. Nursing and hospital care (See Secs. B-202.25 and B-206.7.)

5. Long term nursing and hospital care under the Medical Assistance to the Aged program as provided in Sections MC , et seq.

The foregoing standard is used to identify persons in need and the money amounts necessary to meet such need.

The needs specified in Items 1, 2, 3 and 4 above are included in the standard for the AB recipient.

The needs specified in Item 5 above are included in the standard for the blind person who is 65 years of age or over and meets the eligibility requirements.

DO NOT WRITE IN THIS SPACE

B-201 DETERMINATION OF NEED - GENERAL - ANB-APSB B-201

The total need of an applicant or recipient, for purpose of AB grant determination, is the money amount necessary to provide those items of support, set forth in the subsequent sections of this chapter, as minimum needs and special needs. (See MC-010 through MC-053.70 for Medical Needs Payable on Behalf of an AB Recipient from the Medical Care Fund.)

The county is responsible for reviewing needs with the applicant or recipient and for identifying any special needs he may have. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

Total need is computed by adding the cost (within the limits specified in this chapter) of any special needs he may have, to the allowance for minimum needs. Exception: If a recipient is in a nursing home or public medical institution, see Secs. B-202.25 and B-206.7.

Allowance for a special need item shall continue until a sufficient amount has been allowed to meet the total cost of the item within appropriate ceilings provided that the occurrence of the need is reported promptly, i.e., within 30 days. For types of medical care for which no maximum is specified, the total allowance shall not exceed $500 for any one illness occurring in a single year.

B-202 MINIMUM NEEDS - DEFINITION - ANB-APSB B-202

Minimum needs are needs common to all recipients as set forth in Sections B-202.05 and B-202.15.

B-202.05 MINIMUM NEEDS OF RECIPIENTS IN INDEPENDENT LIVING ARRANGEMENTS - ANB-APSB B-202.05

Needs, as set forth in Sections A and B below, are considered to be common to all recipients in independent living arrangements; i.e., in their own home (including a hotel, apartment house, etc.) or in a board and room arrangement receiving no personal care or supervision. (See Sec. B-202.10 for minimum needs of recipients living in out-of-home-care facilities and receiving personal care and supervision, and Section B-202.15 for needs of recipients in certified rehabilitation facilities, B-202.20 for needs of recipients in a public medical institution, and B-202.25 for recipients in nursing homes.)

(Continued)

DO NOT WRITE IN THIS SPACE

These needs are to be allowed in the amount specified, based upon the appropriate living arrangement.

A. Recipient Living in His Own Home

Food	$39.00	For food in the normal amount and of a kind necessary to maintain health and vigor and food supplements, and including allowance for waste and shopping in neighborhood stores.
Clothing	11.00	For adequate healthful clothing and clothing upkeep including dry cleaning and shoe repair.
Personal & Incidental Needs and Errand Service	15.00	For personal care, including hair care, personal toilet articles, shaving supplies, tobacco, etc., and for help in shopping and personal errands.
Recreation and Education . . .	6.00	For daily newspaper, magazines, books, recreation, stationery, postage, etc.
Transportation	12.00	For social, ordinary shopping and business purposes for the recipient (15 round trips each for the blind recipient and companion by common carrier, at 40¢ a trip).
Household Operations	4.80	For ordinary upkeep and replacement of small items of household equipment and supplies, including general household articles, cleaning supplies, linens, mending and repair materials and medicine chest items.
Sub-total	$87.80	
Plus housing and utilities as paid, not to exceed $45 when shared with others, or $63* when living alone.		For adequate, suitable, sanitary housing in a locality chosen by the recipient, and light, water, garbage disposal, refrigeration and heat, as needed to maintain health and comfort.
Minimum Allowance	$30.00	
TOTAL	$117.80**	

* If the cost of the combined housing and utilities (or the recipient's share when housing is shared) exceeds the maximum basic allowance, the actual cost is allowed for a period not to exceed three months to enable the recipient to make some other plan such as moving to cheaper housing, or to housing which would require less expenditure for utilities, to refinance his home, etc.

If the present housing provides a familiarity with surroundings deemed essential to the continued well-being of the blind occupant; or if the present cost for housing actually covers essential personal services to the blind occupant, an exception may be made to the maxima for housing.

** Total allowance for minimum needs is never less than $117.80 and will be more when the cost of housing and utilities exceeds the minimum allowance of $30.00.

(Continued)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT S
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

If housing is owned, the cost of the combined housing and utility items is the recipient's share of the cost of utilities (based on the number of persons in the household) plus his share of the cost of home ownership (based on his proportionate interest in the property); i.e., prorated taxes, assessments, insurance, required encumbrance payment (principal and interest) and a $2 monthly allowance for minor upkeep and repairs.

Exception: If payments (principal and interest) received from the sale of real property are being utilized to purchase a home pursuant to W&IC Sec. 454, the payments so received may be applied against the required encumbrance payment on the home purchased or toward the cost of moving, necessary furnishings, necessary repairs or alterations to the home. If the payments received (after allowing for cost of moving, furnishings, etc.) are less than the required payment (principal and interest) on the home, the difference is included in determining the housing-utility cost. If the payment received (after allowing for costs of moving, etc.) is the same amount or is more than the required payment on the home, no portion of the required payment on the home is included in determining the housing-utility cost.

B. Recipient Living in Board and Room Arrangement

Board and Room, as paid, not to exceed $100.00 Minimum Allowance	$73.80	For adequate food, housing, utilities and household maintenance costs in housing arrangements chosen by the recipient.
Clothing	11.00	For adequate healthful clothing and clothing upkeep including dry cleaning and shoe repairs.
Personal and Incidental Needs and Errand Service	15.00	For personal care, including hair care, personal toilet articles, shaving supplies, tobacco, etc., and for help in shopping and personal errands.
Recreation and Education . . .	6.00	For daily newspaper, magazine, books, recreation, stationery, postage, etc.
Transportation	12.00	For social, ordinary shopping and business purposes (15 round trips each for the blind person and companion by common carrier, at 40¢ a trip).
TOTAL	$117.80*	

If adequate board and room is not available in the community within the specified maxima, local maxima rates, not to exceed the minimum amount for which adequate board and room is available shall be established by the county welfare department. Such rates and the basis therefor are to be recorded with the State Department of Social Welfare

* Total allowance for minimum needs is never less than $117.80 and will be more when the cost of board and room exceeds $73.80.

DO NOT WRITE IN THIS SPACE

B-202.10 MINIMUM NEEDS OF RECIPIENTS IN NONMEDICAL OUT-OF-HOME-CARE FACILITIES - ANB-APSB B-202.10

Needs, as set forth in the following chart, are considered to be common to all recipients who are being cared for in non-medical out-of-home-care facilities. These needs are to be allowed in the amounts specified for the particular type of care required and received by the recipient. Types of care are classified as follows:

Group I - Minimum to moderate care and supervision.

This group is appropriate for a person who needs protective environment but limited personal service. He may be able to go out by himself, take care of his own room, and assume responsibility for his own medications, or he may need and receive one or more of the following:

a. Assistance in caring for his room, but can manage dressing and personal hygiene;

b. Help with medications because of forgetfulness, poor eyesight or shakiness;

c. A special room approved by the fire inspector for nonambulatory occupancy.

Group II - Extensive personal care and supervision.

This group is appropriate for a person who needs and receives two or more of the following services or a combination of two or more of the services listed in Group I, plus one or more of the following:

a. Help with dressing and personal hygiene;

b. Extra care because of incontinence;

c. Modified diet and/or help with eating;

d. Personal supervision in or away from the home because of general feebleness, tendency to wander, unsteadiness, mild mental confusion, etc.; or

e. Extra care and special services because he is non-ambulatory due to poor eyesight or use of mechanical walking aids and requires a room specially approved by the fire inspector for nonambulatory occupancy.

Group III - Extensive personal care, supervision, and nursing care
(limited to facilities licensed by the State Department of Mental Hygiene for mentally ill persons and thus not eligible to assistance under the MAA program)

This group is appropriate for a person who requires and receives continuous nursing care in addition to the care and supervision provided under Group II.

(Continued)

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

GROUP I - MINIMUM TO MODERATE CARE AND SUPERVISION

Board, room, personal supervision and assistance - Allow charge for care* not to exceed $125.00

Clothing ($10), personal expense ($7), recreation ($6), transportation and errand service ($12). 35.00**

(Components of $125 charge, include shelter and utilities $45; food $55; personal supervision and assistance $25.)

GROUP II - EXTENSIVE CARE AND SUPERVISION

Board, room, personal care and supervision - Allow charge for care* not to exceed $150.00

Clothing ($10), personal expenses ($7), recreation ($3), transportation and errand service ($5) 25.00**

(Components of $150 charge include shelter and utilities $45; food $55; personal care and supervision $50.)

GROUP III - EXTENSIVE PERSONAL CARE, SUPERVISION AND NURSING CARE IN FACILITY LICENSED BY STATE DEPARTMENT OF MENTAL HYGIENE

Board, room, personal care, supervision and nursing care - Allow charge for care* not to exceed $175.00

Clothing ($3), personal expenses ($7), recreation ($2), transportation and errand service ($3) 15.00**

(Components of $175 charge include shelter and utilities $45; food $55; personal and nursing care, etc., $75.)

* "Charge for care," as used herein, includes the monthly charge by the home or institution plus a reasonable value, not to exceed the amount specified in the standard, for any portion of the care and/or services which are provided without charge or which the home or institution is obligated to furnish, pursuant to a life lease, admission agreement, or partial life care contract; i.e., has been paid for in advance.

If the charge exceeds the maximum specified, the actual charge is allowed within the following limits:

(1) For a three-months period to enable the recipient to secure care within the maximum;

(2) For as long as a qualified practitioner recommends against moving the recipient.

If adequate facilities are not available in the community within the specified maxima, local maxima rates, not to exceed the minimum for which adequate care is available, shall be established by the county. Such rates and the basis therefor are to be recorded with the SDSW. In establishing local rates, consideration is to be given to:

(1) Levels of care recipients need and receive from home or institution, and

(2) Fees charged non-recipients for comparable care.

** When one or more of these items is included in the charge for care, modification in the allowance is required.

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-202.15 MINIMUM NEEDS OF RECIPIENTS IN REHABILITATION FACILITIES - ANB-APSB B-202.15

The following need items are considered to be common to recipients in certified rehabilitation facilities for whom a plan of rehabilitation has been authorized by the county welfare department. (See Regulations Sec. MC 018 and Handbook Sec. MC 031.6, Item II D.)

Board, room and personal care	$86.00
Clothing ($3), personal expenses ($7), recreation ($2), transportation and errand service ($3).	15.00*
Expenses incident to blindness.	16.80

* When one or more of these items is included in the charge for care, modification in the allowance is required.

B-202.20 MINIMUM NEEDS OF RECIPIENTS IN A PUBLIC MEDICAL INSTITUTION - ANB-APSB B-202.20

The minimum need of a recipient who is a patient in a public medical institution for a temporary period (2 calendar months) is the same as for a recipient living in his own home (see B-202.05). If the recipient remains a patient for more than the temporary period and is less than 65 years of age, Aid to the Blind continues if recipient is otherwise eligible. (See Regulation and Handbook B-225 for distribution of the aid payment between the recipient and the public medical institution.)

If the recipient is 65 years of age or more and qualifies for MAA, Aid to the Blind continues only for personal and incidental needs, i.e., $15.

DO NOT WRITE IN THIS SPACE

B-202.25 MINIMUM NEEDS OF RECIPIENTS IN NURSING HOMES - ANB-APSB B-202.25

If a recipient who is less than 65 years of age is in a nursing home and receives nursing care recommended by a doctor or practitioner, the amount charged for support and care, not to exceed the maximum specified below for the type of care required, is allowed in lieu of the maximum allowances for food, housing, utilities, household maintenance, and to cover the cost of nursing care and supervision.

A. For the recipient who requires some, but not extensive, nursing care (rendered by a registered or practical nurse), the maximum allowance is $200.

B. For the recipient who requires extensive nursing care and supervision the maximum allowance is $255.

In lieu of the minimum allowances for clothing, transportation, personal and incidental needs and errand service, a flat amount of $38.00 is allowed. Medical needs and transportation are allowed under the conditions specified in Secs. B-204.17, B-205 and B-206.

If a private room is recommended by doctor or practitioner, the cost, not to exceed $50 monthly, is added to the maxima specified in A and B above.

If the cost exceeds the maximum specified, the actual cost is allowed for a three-month period to enable the recipient to secure care within the maximum. Thereafter, if the recipient remains under care at the rate exceeding the maximum, only the maximum is allowed. Exception: If there are no available facilities in the community within the maximum, or the doctor or practitioner recommends against moving the recipient, an amount above the maximum, not to exceed the minimum amount for which adequate care for the individual can be secured, is allowed.

If a recipient who is 65 years of age or over is in a nursing home, see B-206.7.

B-203 SPECIAL NEEDS NOT COMMON TO ALL RECIPIENTS - ANB-APSB B-203

Special needs are those which are not common to all recipients and which arise out of physical infirmities or are incident to blindness or other conditions peculiar to the individual's circumstances. These may be for items or services not provided as minimum need or for greater amounts to meet the cost of minimum need items, and may be necessary to effect physical, social or economic adjustments of the individual blind person.

DO NOT WRITE IN THIS SPACE

B-204 NONMEDICAL SPECIAL NEEDS - ANB-APSB B-204

The items and services which are allowed as nonmedical special needs under the conditions specified are listed in Sections B-204.03 through B-204.40.

B-204.03 SPECIAL NEED FOR FOOD - ANB-APSB B-204.03

Restaurant Meals

If circumstances require that the recipient eat all of his meals in restaurants, an additional $31.50 monthly is allowed. When he eats some but not all of his meals in restaurants a lesser amount is allowed, depending upon individual circumstances.

Special Diets

If a practitioner recommends a special diet, the amount shown on the current SDSW Therapeutic Diet Schedule is allowed.

B-204.05 SPECIAL NEED FOR HOUSING AND UTILITIES - ANB-APSB B-204.05

If a recipient is being cared for in an out-of-home care facility (see Sec. B-202.10, and B-202.15) the total cost of retaining housing outside the facility within appropriate ceilings is allowed as special need. Such allowance is to be continued only as long as there is a probability the recipient will be able to resume living in his own home, within a reasonable period of time. When the recipient is receiving medical care, evaluation of his condition and potential for independent living in his own home is to be made jointly with the physician or other appropriate medical staff.

B-204.06 SPECIAL NEED FOR HOUSING REPAIRS - ANB-APSB B-204.06

If repairs are necessary to provide safe and healthful housing, or to minimize deterioration, and the total cost of such repairs exceeds $10, the cost is allowed as special need. The allowance is not to exceed a reasonable amount for which adequate repairs can be made. The total allowance for repairs in any twelve month period is not to exceed $200. If housing is owned with someone else, the recipient's share of the cost of the repairs, or his share of the ceiling if the cost exceeds the ceiling, is allowed.

B-204.13 SPECIAL NEED FOR CLOTHING - ANB-APSB B-204.13

If a recipient has no stock of clothing and thus needs a complete initial stock, or when all or a portion of the recipient's clothing is lost or destroyed in a catastrophy, such as fire, flood, etc., the cost of replacement is allowed. Allowances are not to exceed the amounts shown in the current SDSW clothing schedule.

DO NOT WRITE IN THIS SPACE

B-204.15 SPECIAL NEED FOR HOUSEHOLD FURNITURE AND EQUIPMENT - ANB-APSB B-204.15

An item of household furniture or equipment can be considered as needed by a recipient only when his particular circumstances indicate such need and the item is one appearing in the current State Department of Social Welfare schedule of household furniture and equipment.

When a recipient owns an item which is found to be needed, and repair of such furniture or equipment is necessary, the cost, not to exceed the amount for which such repair can reasonably be obtained, is allowed.

When a recipient is found to need an item which he does not have, or when the item is worn out and replacement appears more reasonable than repair, the cost of a new item is allowed, provided that the cost does not exceed the amount listed for that item in the schedule.

Prior concurrence by the county agency in the plan for repair or purchase is not required, but allowance is to be made, in any case, only in accord with the foregoing conditions.

B-204.17 SPECIAL NEED FOR TRANSPORTATION - ANB-APSB B-204.17

Special need for transportation, not to exceed $30 a month, is allowed when:

1. The cost of common carrier to the nearest adequate shopping center club or center for social, recreational or rehabilitative purposes exceeds forty cents a round trip. Allowance is the amount by which 30 round trips per month exceeds the $12 basic allowance for transportation.

2. A private automobile is used because of distance from shopping facilities club, recreational or rehabilitation center or because adequate common carrier is not available or feasible. Allowance is the amount by which the cost of 30 round trips per month, by automobile, to the nearest adquate shopping center, exceeds the $12 basic allowance for transportation.

3. Recipient requires transportation for medical care. If adequate common carrier is not available or feasible special need is allowed for the actual cost of the required trips by common carrier. If adequate common carrier is not available or feasible, special need is allowed based upon a reasonable cost of operating an automobile for the required trips.

In no event may total allowance for transportation exceed $42. ($12 minimum plus $30 special).

If an automobile is required for transportation, the $30 ceiling is applicable to payments on the automobile, fixed charges, upkeep and operating costs. If the automobile is shared with another person or persons, the recipient's prorated share of costs is allowed.

DO NOT WRITE IN THIS SPACE

B-204.19 SPECIAL NEED FOR MOVING AND FOR STORAGE OF HOUSEHOLD AND PERSONAL GOODS - ANB-APSB B-204.19

If moving is necessary because of eviction or to obtain housing which better meets the recipient's needs, and no other provision for moving can be made, the cost of packing and moving, not to exceed the current SDSW moving schedule, is allowed as special need.

If storage of household and/or personal goods is temporarily necessary, the cost in accord with the SDSW storage schedule, is allowed for a period not to exceed six months.

B-204.24 SPECIAL NEED FOR YARD CARE - ANB-APSB B-204.24

If the recipient or other member of the household is unable to give minimum essential care to the yard surrounding the recipient's home, the cost of such care is allowed as special need. The allowance is not to exceed the amount shown in the current SDSW yard care schedule.

B-204.25 SPECIAL NEED FOR LAUNDRY SERVICE - ANB-APSB B-204.25

If the recipient does not have facilities for doing laundry himself, or if his health or handicap prevents such activity, and no member of the family is able to do it for him, the cost of laundry service, not to exceed the amounts shown in the SDSW laundry service schedule, is allowed as special need.

B-204.27 SPECIAL NEED FOR TELEPHONE - ANB-APSB B-204.27

The cost of a telephone is allowed. The amount allowed shall be the minimum monthly rate for service available to the address where the recipient resides. If use of the phone is shared with others in the household, the recipient's share of such minimum rate is allowed.

DO NOT WRITE IN THIS SPACE

B-204.29 SPECIAL NEEDS OF BLIND PERSONS --ANB-APSB B-204.29

The actual cost of the following items is allowed if necessary to effect physical, social, or economic adjustment of the individual:

(a) Personal guide, reading, and writing service, etc., in addition to the minimum need for personal and incidental needs and errand service.

(b) Guide dog, and/or maintenance therefor. An allowance of $18 a month for the maintenance of a guide dog may be used in lieu of individual determination in each instance. In addition the cost of veterinarian's fees, kennel care and repair and replacement of harness is allowed as paid.

(c) Radio phonograph and/or radio phonograph repairs, phonograph records

(d) Talking Book and/or Talking Book repairs

(e) Typewriter and/or Braille writer

(f) Special appliances for the blind (including purchases and/or repair) such as white canes, watches, Braille slates

(g) Tuition and other school costs such as laboratory fees, books--Braille or ink print--Braille transcription costs, sound recording equipment and supplies, etc.

(h) Training, orientation, or other services and equipment required to promote self-care and self-support.

B-204.40 SPECIAL NEED FOR ATTENDANT SERVICES - ANB-APSB B-204.40

If the recipient's physical condition is such that he requires attendant services, including housekeeper, homemaker, or home nursing service (the latter not within the scope of the Medical Care Fund) the cost of such service is allowed as special need. Total need including allowance for the required service, is not to exceed what total need would be in the appropriate level of institutional care. (See Sections B-202.10 for need allowances to recipients in nonmedical out-of-home care facilities, and MC for the fee schedule for nursing home care under the MAA program.)

DO NOT WRITE IN THIS SPACE

B-205 DETERMINATION OF NEED FOR MEDICAL CARE - GENERAL - ANB-APSB B-205

Definition

Medical care includes diagnostic, preventive, corrective and curative services, and supplies essential thereto provided by qualified practitioner (see Sec. MC-014 contained in Appendix - Medical Care) for conditions that cause suffering, endanger life, result in illness or infirmity, interfere with capacity for normal activity or for conditions which may develop into some significant handicap.

B-205.10 METHODS OF PROVIDING MEDICAL CARE - ANB-APSB B-205.10

Needed medical care is provided through sources specified by Secs. B-205.11 to B-205.15 inclusive.

B-205.11 USE OF COMMUNITY RESOURCES - ANB-APSB B-205.11

Community resources which are available without charge to all members of the community and services available to the applicant or recipient at no charge through other state or federal programs are to be utilized in preference to payment from the Medical Care Fund or special need allowance to the recipient.

B-205.12 USE OF PREPAID MEDICAL PLANS - ANB-APSB B-205.12

If all or any portion of a recipient's medical need is covered under any prepaid medical plan or insurance, need is to be met from such medical care plan to the fullest extent possible before any payment from the Medical Care Fund or special need allowance to the recipient. (See Sec. B-206.6.)

DO NOT WRITE IN THIS SPACE

B-205.13 USE OF MEDICAL CARE FUND (SEE APPENDIX, MEDICAL CARE) - ANB-APSB B-205.13

Medical care for which payment may be made on behalf of a recipient from the Medical Care Fund is to be met from the Medical Care Fund only. (See Sec. MC-030.) "Recipient" as used herein includes an eligible person for whom, in the month the medical care is received:

1. A cash grant payment is made; or

2. The cash grant payment is withheld or suspended only because of a question concerning the amount of aid to which he is eligible (see Sections B-226.10 and B-226.12); and/or

3. The authorized grant is reduced to Zero to adjust for an overpayment (see Sec. B-227.10).

A "medical care only" recipient is any recipient whose income (exclusive of the assistance grant) is sufficient to meet his total minimum and special needs (see Sections B-202 et seq and B-203, et seq), up to $167.80 a month, but is insufficient to meet such needs plus his medical needs, normally within the scope of the Medical Care Fund. In such case, his medical needs, within the same limitations as would apply if the medical care fund were utilized, are to be met from his income to the greatest extent possible.

If his medical need exceeds his income, the balance of the medical need, if normally payable from the fund, is to be met from the fund. If his income exceeds his medical need, the balance of the income is considered available to apply toward meeting his minimum and special needs within the ANB standard.

When the "medical care only" recipient's income and medical needs are reasonably stable and predictable on a continuing basis, and the income exceeds the average monthly medical need, a period of predictability not to exceed six months may be determined. A single money amount, consistent with medical care fund limitations may be established which will represent medical need for each month of the period so determined. Similarly, single money amounts will be established for:

a. Income required to meet the medical need, and

b. Income available to meet his minimum and special needs within the ANB standard.

When the circumstances change substantially from that predicted in determining the projected figures, new projected figures shall be determined for use in future months or, if it is no longer possible to predict needs and income on a continuing basis, monthly determinations shall be made.

DO NOT WRITE IN THIS SPACE

B-205.14 USE OF SPECIAL NEED ALLOWANCE - ANB-APSB B-205.14

Medical care, for which payment cannot be made on behalf of a recipient from the Medical Care Fund as provided in MC-020, is allowed as special need within the limitations and conditions specified in Secs. B-206 through B-206.94.

B-205.15 MEDICAL CARE WHEN A PERSON BECOMES A RECIPIENT RETROACTIVELY - ANB-APSB B-205.15

If a person becomes a recipient retroactively, medical needs during the period for which retroactive aid is granted shall be met in the same manner in which they would have been met if the person had been a current recipient at the time the need occurred (see Secs. B-205.11 through B-205.14).

B-206 SPECIAL NEED FOR MEDICAL CARE - ANB-APSB B-206

The items and services which are allowed as special medical needs pursuant to Section B-205.14 are listed in Sections B-206.1 through B-206.94. Payment of these items and services is not available from the Medical Care Fund.

B-206.1 SPECIAL NEED FOR DOCTOR'S AND PRACTITIONER'S SERVICES - ANB-APSB B-206.1

The practitioner's charge for treatment of illness or other service which because of Fund limitations is specifically excluded from Medical Care Fund coverage (see Sec. MC-040.05), is allowed as special need up to the fee schedule amounts for the Medical Care program where such have been established (see Sec. MC-040) or in the actual amount when no fee has been set. For this treatment or service the recipient has free choice of any practitioner who meets the requirements set forth in Sec. MC-014 (see Appendix - Medical Care).

DO NOT WRITE IN THIS SPACE

B-206.5 SPECIAL NEED FOR PRIVATE HOSPITAL CARE - ANB-APSB B-206.5

If private hospital care is recommended by a doctor or practitioner and the type of care required is not available for less in the community, the cost is allowed as a special need. Private hospital care also includes care rendered in a public hospital if the recipient pays for care at private care rate and is attended by his own physician.

B-206.6 SPECIAL NEED FOR PREPAID MEDICAL OR HOSPITAL CARE - ANB-APSB B-206.6

If the recipient is enrolled in a prepaid medical or hospital care plan or carries disability insurance which includes coverage for hospitalization and/or medical care, the cost, not to exceed $6 monthly, is allowed as special need.

Exception: The cost of insurance in which a disability clause is incidental or which has limited coverage insuring only against specified illnesses (e.g., polio, rabies, etc.), is not allowed as special need.

If the item of medical care or service is one for which special need would otherwise be allowed and the prepaid plan or insurance does not cover the item or covers only a portion of it, the cost not met by the prepaid plan is allowed as special need in accord with the limitations specified in Secs. B-206 through B-206.94.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-206.7 SPECIAL NEED FOR HOSPITAL CARE - ANB B-206.7

A. RECIPIENT IS A PATIENT IN A PUBLIC MEDICAL INSTITUTION

1. Recipient is less than 65 years of age

If a recipient enters a public medical institution as a "patient" the amount charged for care in such institution is allowed as a special need.

If the recipient remains a "patient" in such institution for more than a temporary period, i.e., two calendar months, need at the expiration of such temporary period is determined by allowing the amount charged for care in the institution in lieu of all minimum allowances except personal and incidental needs (see Sec. B-202.05). Medical needs not provided by the institution are also allowed under the conditions and within the maxima specified (see Secs. B-206, et seq.)

If an applicant (or recipient requesting restoration) is a "patient" in a public medical institution at the time aid is granted, need is determined in the manner specified above for the recipient who remains in the institution for more than a temporary period. (See Sec. B-225.6 for APSB.)

2. Recipient is 65 years of age or over

If it appears likely that the recipient who enters a public medical institution for a temporary period and who is 65 years of age or over, will require long-term hospitalization or nursing care, application may be made for MAA. If the recipient is eligible, and the institution qualifies for MAA payments, the charge for care, not to exceed the fee schedule for payment under the MAA program, is allowable as a special need until the expiration of two calendar months. The recipient continues to receive the full monthly grant of Aid to the Blind during the first two months of hospitalization but no payment is made to the institution under W&IC Section 3044.1 for care in the hospital.

If a recipient 65 years of age or over is a patient in a hospital which qualifies for MAA payments, the charge for care, not to exceed the fee schedule for payment to the facility under the MAA program, is allowed as a special need until the effective date of the MAA authorization.

The value of board and room (and any other of the minimum needs in the standard) provided by the hospital, together with any other income the recipient may have, are considered in determining the amount of Aid to the Blind to which the recipient might be eligible.

(Continued)

DO NOT WRITE IN THIS SPACE

B-206.7 (Continued) B-206.7

B. RECIPIENT IS A PATIENT IN A UNIVERSITY OF CALIFORNIA HOSPITAL OR A FEDERAL HOSPITAL

If the recipient is a patient in a University of California hospital or a federal hospital the charge for care, not to exceed the MAA fee schedule for comparable care in a private hospital, is allowed as special need for a period not to exceed two calendar months following the date of admission to the hospital.

C. RECIPIENT IS A PATIENT IN AN INFIRMARY OR NURSING UNIT OF AN INSTITUTION LICENSED BY THE SDSW

If the recipient becomes a patient in the infirmary or nursing unit of an institution licensed by the SDSW but not qualifying for MAA payments, special need is allowed for a period not to exceed to calendar months following the date of admission to such infirmary, etc. The special need allowance is that amount by which the charge for care in the infirmary (or the MAA fee schedule for payment to a private nursing home, if that is less), exceeds the basic allowance for care in the particular facility. (See Sec. B-202.10).

B-206.8 SPECIAL NEED FOR PROSTHETIC APPLIANCES, SICK ROOM EQUIPMENT, AND MEDICAL SUPPLIES - ANB-APSB B-206.8

The rental charge, purchase or repair cost, whichever is most appropriate for prosthetic appliances, sick room equipment, and medical supplies which are not within the scope of the medical care fund, is allowed as special need subject to the following limitations:

1. Use of the item must be recommended by the recipient's practitioner.

2. The amount allowed may not exceed a reasonable amount for which the item can be obtained.

3. If the total cost of any one item exceeds $25, allowance is subject to review and determination by the county.

4. Total allowance for all items is not to exceed $300 for any one year.

DO NOT WRITE IN THIS SPACE

B-206.94 SPECIAL NEED FOR HEARING AIDS - ANB-APSB B-206.94

If an otologist states that the recipient will benefit from use of a hearing aid, the cost, not to exceed the following maxima, is allowed as a special need:

Hearing Aid	$175.00
Monthly upkeep on hearing aid	5.00

(Sales tax and carrying charges, if any, are added to the above maxima.)

If the otologist makes a specific recommendation that a recipient can benefit only from a type of hearing aid costing more than the maximum, the actual cost of the type of hearing aid needed is allowed.

Special need is allowed for examination by the otologist if the nature of the examination is such that it does not fall within the scope of the Medical Care Fund; i.e., when its sole purpose is to determine the type of hearing aid needed. In such case the allowance shall not exceed the fee schedule for audimeter testing under the Medical Care program.

B-207 SPECIAL NEED TO MEET PAYMENTS ON DEBTS - ANB-APSB B-207

Allowance is made for payment on debts secured by a current necessity before the date of application; e.g., the home, essentials such as household equipment, automobiles, hearing aids, prosthetic appliances, etc., irrespective of the purpose for which the debt was incurred.

Exception: Allowance is not made for payment on any debt (secured or unsecured) if such debt resulted from receipt of public assistance, including public medical care or care as a public or private patient in a public medical institution.

B-208 EVIDENCE OF SPECIAL NEED - ANB-APSB B-208

Before a payment which includes a special need allowance is made, evidence is required to establish:

1. That the conditions under which the need may be allowed are met;
2. The monthly cost and/or the total cost of the need;
3. The proportion of the cost which should be borne by the recipient if the need is shared by others in the household;
4. The period, if predictable, over which the need will continue.

The cost of needs which are fluctuating and/or unpredictable in their occurrence and amount will be determined monthly. The cost of other special needs will be redetermined as often as necessary, considering the type of need and the potential for change.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

B-211 INCOME - DEFINITIONS - ANB-APSB B-211

B-211.02 INCOME - GENERAL B-211.02

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. Within the limits specified in W&IC Secs. 3084.01 and 3472.01, county supplementation and/or voluntary contributions from persons or organizations having no liability for the support of the recipient, are not considered income when the recipient's grant and other nonexempt income are not sufficient to meet his total need determined within the limits specified in Chapter 20.

2. Certain benefits received as nonrecurring lump sum payments, irregular, nonrecurring gifts of money, and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, or timber) are considered personal property rather than income (see Secs. B-136, Differentiation of Personal Property and Income, and B-137, Acquisition and Conversion of Real or Personal Property).

3. The interest payment on a trust deed, mortgage or promissory note received as a result of real property sold pursuant to W&IC Sec. 454 is earmarked income which, after a home is purchased, must be applied on the home. Therefore, such income is available to apply on other needs only until the month in which the home is purchased and after full payment on the home is completed.

B-211.03 SEPARATE INCOME B-211.03

Separate income is a) income derived as a result of an interest in separate property, or, b) income resulting from employment or military service rendered prior to the present marriage, c) that portion of community income which the wife brings to the community through her efforts, d) that portion of community income which the husband brings to the community through his efforts up to $200 a month.

B-211.04 COMMUNITY INCOME B-211.04

Community income is:

a. Income derived as a result of an interest in community property.

b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income.

c. Income from the earnings of a minor child, unless the child has been emancipated. (See Sec. B-150.2.)

B-211.05 CURRENT INCOME B-211.05

Current income is that which is received in the current month regardless of the period over which it accrued. Exceptions: (1) Interest payments in decreasing amounts may be averaged; (2) If all or a portion of a cash gift is determined to be income pursuant to W&IC Secs. 3047.22 and 3447.2, it is considered "current income" in the month following receipt. (See Sec. B-136.)

Any unexpended portion of current income becomes personal property on the first of the month following receipt of the income. Exception: See Sec. B-212.7, Recurring Lump Sum Income - ANB.

B-211.06 CASUAL INCOME AND INCONSEQUENTIAL ASSISTANCE B-211.06

Casual income and inconsequential assistance is income in cash or in-kind which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the AB standard. Such income is not considered in determining the amount of the aid payment.

B-211.07 INCOME FROM AN INCONSEQUENTIAL RESOURCE B-211.07

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ANB-APSB standard. Such income is not considered in determining the amount of the aid payment.

In ANB exempt earned income is net income to and including $85 a month, plus 50 percent of any net income in excess of $85 a month, received as wages, salary, commissions, or profit from activities such as business enterprise, farming, etc., in which the applicant/recipient is engaged as a self-employed individual or as an employee. (See Sec. B-212.30, Net Income)

In APSB exempt income is net income from all sources (except casual or inconsequential) up to and including $1,200 a year, plus 50 percent of any income in excess of $1,200 during a yearly income period. (See Sec. B-212.30, Net Income)

See Sec. B-136; Differentiation of Personal Property and Income

DO NOT WRITE IN THIS SPACE

B-212.30 NET INCOME - ANB-APSB B-212.30

Net income from property (including that from property in which a life estate is held), produce or business enterprises is determined by deducting from gross income all normal items of expense incident to its receipt. Principal payments on encumbrances are not considered a necessary item of expense except when payments, not in excess of $100 a month, are made by an APSB recipient in effecting his plan for self-support. (See Sec. B-212.20.) If property is sold, the interest portion of any payment received represents income. (See Sec. B-137.)

Net income from wages, salaries or commissions is the amount remaining after subtracting all required deductions and expenses incurred in the securing and retention of employment.

B-212.40 EVALUATION OF INCOME IN KIND - ANB-APSB B-212.40

Income in kind is any benefit received other than in cash. It includes the value of need items which a person, home or institution is obligated to provide the recipient pursuant to a partial life care contract, life lease or other agreement.

When a need item is being earned, contributed or is otherwise received in kind either directly or by payment to a vendor, the income value placed upon such earnings, contributions, etc., is the amount specified for the item in the AB standard of assistance (see Chapter 20) with the following exceptions:

Rent - The value placed upon rent which is earned or contributed in kind is $23.20, $15.50, or $7.75, dependent upon whether the adequacy of the housing is standard, intermediate, or substandard.

1. Standard housing is a dwelling or a room which meets standards of health, safety, and decency, and provides privacy, sanitary facilities and comfort.

2. Intermediate housing is adwelling or a room which does not have adequate provision for privacy and comfort but which provides minimum sanitary facilities and safety.

3. Substandard housing is a dwelling or a room which does not have adequate sanitary facilities, nor provide for privacy, comfort, and safety.

No more than $3 is to be considered the value of a makeshift shelter, such as a dugout, cave, or tent.

Utilities - When all necessary utility items are earned or contributed, the income value is $6.80. If less than all utility items are earned or contributed, the proportionate share of this figure which is reasonably applicable to the earned or contributed items is used.

If a contribution is in the form of payments on an encumbrance on the recipient's property, the amount of the payment (the portion allocable to his share if the property is owned with others) is income.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

B-212.50 DIVISION OF INCOME WITH SPOUSE AND MINOR CHILDREN - AHB-APSB B-212.50

I. Income from real or personal property (i.e., a capital asset) which is community property--If a couple has such income, each is considered to receive an equal share.

II. Income received by either of a couple as a dependent of a serviceman--Such income received by either of a couple is to be allocated to the ineligible spouse and his minor children in the amount needed for their support unless otherwise stipulated by the serviceman.

III. Other income is apportioned as follows:

A. Income of Recipient

Community income of the recipient may be allocated to the spouse (if his needs are not otherwise met) in the amount required to meet the spouse's needs under the AB standard but not to exceed one-half of the income. If the recipient is the wife, the amount allocated to the support of her husband is determined by the scale contained in Handbook Section B-212.50. Allocation to a spouse is made after the recipient has been allowed the full maximum of exempt income. No allocation of such income is to be made (1) for the support of minor children; or (2) to a spouse who refuses to take all actions necessary to receive unconditionally available income; i.e., income he has only to claim or accept.

Separate income of the recipient is not to be allocated to the ineligible spouse.

B. Income of Ineligible Spouse

Community income of the ineligible spouse may be retained in the full amount up to $200 net per month to meet the spouse's needs (see Sec. 212.30). Additional amounts are allowed to meet medical expenses, needs of minor dependent children, and debts incurred for necessities of life. Any balance, up to one-half of the total net income is to be allocated to the recipient. Exception: The amount of allocation from community income of a wife is measured by the scale contained in Handbook Section B-212.50 in accord with W&IC Section 3084.5.

(Continued)

B-212.50 (Continued) B-212.50

If income of the ineligible spouse is of a temporary nature, is received only on a periodic basis, or fluctuates substantially from month to month, a single money amount shall be established, based on an average of the anticipated income for the calendar year. This single money amount will be considered as the continuing monthly income from such source until a redetermination is made because of a change in circumstances not anticipated in the original determination.

Separate income of an ineligible spouse can be made available to the recipient only by a voluntary contribution of the spouse.

For purposes of this section, all OASDI and Railroad Retirement payments received by either the recipient or his spouse are to be treated as though they were community income.

DO NOT WRITE IN THIS SPACE

B-212.9 INCOME VALUE OF HOMES OWNED AND OCCUPIED - ANB-APSB B-212.9

When the cost of the housing-utility item exceeds the minimum basic allowance for housing and utilities (see Sec. B-202.05) no income value results from occupancy of a home which is owned.

When the recipient owns his home or has a life estate in it and the cost of the housing and utility items is less than the minimum basic allowance for housing and utilities the income value resulting from occupancy of the home is whichever of the following is less:

1. The difference between the combined housing utility costs and the minimum basic allowance for housing and utilities or

2. The value determined by the following scale:

Assessed Value of Home	Occupancy Value
$500 or less	$3
$501 to $1000	$4
$1000 to $1500	$5
$1501 to $2000	$6
$2001 to $2500	$7
$2501 to $3000	$8
$3001 and up	$9

If the home is not assessed as either real or personal property, 25% of the market value is used in lieu of the county assessed value.

When the property contains more than one dwelling unit value of occupancy under the scale is based on the proportion of the assessed value which the unit the recipient occupies bears to the total dwelling space.

Value of occupancy under the scale for farm or ranch homes is based on the assessed value of the dwelling and the land immediately contiguous to it.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

B-221 AMOUNT OF AID PAYMENT - ANB-APSB B-221

Aid is to be paid monthly in advance, and the amount is determined as follows:

In determining the amount of aid to which an individual is eligible, consideration is first given to:

1. The amount of net income other than exempt income (see Sec. B-212.10), and

2. The amount required to meet any special need which the individual has.

The grant is then determined by substracting the net nonexempt income from total need or from $167.80, whichever is less.

Payment is to be authorized, changed, suspended, denied or discontinued by use of Forms ABD 278L and ABD 278M or approved substitutes. (See Sec. B-025.24)

In determining the amount of the aid payment for a particular month, all nonexempt income and those special needs which existed and were reported before the end of that month are considered.

Exceptions:

1. If the change occurred too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month.

2. If special circumstances such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected within the competence of the recipient.

DO NOT WRITE IN THIS SPACE

D-012.10 GENERAL REQUIREMENT D-012.10

The county receiving an application or request for restoration (see Sec. D-010.20) shall by careful inquiry into the circumstances of the applicant or recipient determine, except as provided in D-172, whether he meets the conditions of eligibility specified in the W&IC and the regulations of the SDSW (Chapters D-10 through D-14), and that aid, if granted, is in the correct amount in relation to his needs and income. (Chapters D-20 through D-22)

D-212.50 DIVISION OF INCOME WITH SPOUSE AND MINOR CHILDREN D-212.50

1. Income from real or personal property which is community property - when a couple has such income, each is considered to receive an equal share.

2. Income received by either of a couple as a dependent of a service man - such income is to be allocated to the ineligible spouse and his minor children in the amount needed for their support unless otherwise stipulated by the service man.

3. Other income is apportioned as follows:

   A. Income of Recipient

   Community income of the recipient may be allocated to the spouse (if his needs are not otherwise met) in the amount required to meet the spouse's needs under the ATD standard but not to exceed one-half of the income. No allocation of any such income is to be made (1) for the support of minor children; or (2) to a spouse who refuses to take all actions necessary to receive unconditionally available income; i.e., income he has only to claim or accept.

   Separate income of the recipient is not to be allocated to the ineligible spouse.

   B. Income of Ineligible Spouse

   Community income of the ineligible spouse may be retained in the full amount up to $200 net per month to meet the spouse's needs (see Sec. 212.30). Additional amounts are allowed to meet medical expenses, needs of minor dependent children, and debts incurred for necessities of life. Any balance, up to one-half of the total net income is to be allocated to the recipient.

   When income of the ineligible spouse is of a temporary nature, received only on a periodic basis, or fluctuates substantially from month to month, a single money amount shall be established, based on an average of the anticipated income for the calendar year. This single money amount will be considered as the continuing monthly income from such source until a redetermination is made because of a change in circumstances not anticipated in the original determination.

   Separate income of an ineligible spouse can be made available to the recipient only by a voluntary contribution of the spouse.

   C. For purposes of this section, all OASDI and Railroad Retirement payments received by either the recipient or his spouse are to be treated as though they were community income.

Effective 1/1/62

DO NOT WRITE IN THIS SPACE

D-024 REQUIRED FORMS D-024

The following forms, completed in accord with instructions for their use, are required when the circumstances to which they relate exist:

DA 1	Medical Report
DA 2	Social Information Report
DA 3	Certificate of Disability
DA 200	Application for Aid to the Needy Disabled (See Sec. D-011.11)
ABD 235	Certification of State Department of Mental Hygiene of Applicant's Release from State Hospital (See Sec. D-013)
ABCD 215	Notification of Transfer (See Sec. D-016.30)
DPA 1	Request for Federal OASI and Nonmedical Disability Information (See Sec. D-213)
10-611	Application for Search of Federal Census Records (See Handbook Sec. D-102, K)

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

D-130 STATUTES AND REGULATIONS ON PROPERTY ALLOWANCES D-130

D-130.10 OBJECTIVE D-130.10

In determining eligibility with respect to property, it is necessary to ascertain the purposes for which the applicant holds property. The Code provides that an applicant is eligible if the property he owns is held for any one of the following purposes (within certain limitations):

(1) To provide him with a home; (2) to provide him with income to help meet his needs; (3) to provide him with a reserve to meet a contingent need.

Thus, the property provisions in the Code place the emphasis on the purpose for which property is allowed to be held by the recipient. The specific limitations with respect to use or total value on some types of property holdings constitute a part of the definition of a needy person; but the more important consideration is that property may be held, within those limitations, because it meets a present or future need of the recipient.

Regulations contained in the chapter on property are intended to reflect this emphasis. They are designed to express a general test: Does the property holding meet a current need of the recipient or is it held for some future need? This test should be the basis of decision in situations not specifically or exactly covered by the regulations. (See Handbook Sections D-133.20, Ways of Utilizing Property, and D-133.30, Decision as to way of Utilizing Property.)

The W&IC specifically provides that the policies governing eligibility with respect to property shall be administered in a manner which gives consideration to the ability and circumstances of the applicant in order that undue hardship not be imposed upon him in making his plans to comply with property provisions.

D-131 OWNER OF REAL PROPERTY D-131

The owner of property is the person who holds legal title to the property unless a) he holds title of the property only for convenience, i.e., for purposes of inheritance or to avoid probate, etc., and b) he has no beneficial interest in the property, i.e., no right to possess and use the property or to receive the proceeds. Conversely, a person for whom legal title or property is held by another under these circumstances, is the owner.

D-132 EVALUATION OF PROPERTY D-132

D-132.05 PROPERTY USED AS THE HOME D-132.05

If real or personal property owned by the applicant, or in which the applicant owns an interest with any other person, is used to provide the applicant with a home the value is disregarded in determining property holdings. The home may be a single dwelling or one with multiple units provided the units not occupied by the applicant are yielding income for his support consistent with their rental value (See Chapter 21, Determination of Income)

Temporary absence from the home does not affect eligibility as long as there is a sound basis for anticipating that the recipient will again occupy the property within a reasonable period of time.

D-132.10 PROPERTY OTHER THAN THE HOME D-132.10

Additional real property may be owned provided (1) it is producing income consistent with its value and which income is used for the support of the applicant and (2) the applicant's, and his spouse's, if any, equity in the real property does not exceed $5000. (See Regulation Section D-133, Utilization of Real Property.)

The applicant may also retain as a reserve additional real and/or personal property not to exceed a value of $1200. If both of a married couple are recipients of public assistance the outside limit of such reserve may not exceed $2000 for the couple. Any part of such reserve which is real property shall be valued at its net appraised market value. The value of any reserve which is personal property is the net value available to applicant for his use.

If real property holdings are not assessed and it is impossible to obtain an assessment, 25 percent of the market value is used. Similarly, in the absence of evidence to the contrary, if the assessed value of property holdings is known, the market value may be determined by multipling by four (4) the assessed value.

If the applicant or applicant and spouse are not the sole owners of property, only his or their proportionate share is included in the total value. (See Sec. D-212.9, Income Value of Homes Owned and Occupied.)

The income-producing requirement and the limitation on assessed value pertaining to property are not applicable to the separate property of the spouse of an applicant or recipient.

DO NOT WRITE IN THIS SPACE

D-132.30 REAL PROPERTY ITEMS TO BE INCLUDED D-132.30

In addition to those items commonly considered to be real property, the following items are evaluated as real property:

1. Real property being bought or sold under contract of sale
2. Real property being sold while it is held in escrow
3. Cemetery property held for profit
4. A remainderman's vested future interest in real property.

D-132.50 REAL PROPERTY ITEMS TO BE EXCLUDED D-132.50

The following items are to be excluded in evaluating real property holdings: (See Sec. D-212.9, Income Value of Homes Owned and Occupied.)

1. The applicant's home
2. An Indian's interest in land held in trust by the United States Government
3. A remainderman's contingent interest in real property
4. Real property in which the applicant or recipient holds life estate
5. Real property owned by minor children of the applicant or recipient
6. Any property right which is not available for the applicant's use or expenditure.

DO NOT WRITE IN THIS SPACE

D-132.70 APPLICANT'S EQUITY IN PROPERTY D-132.70

In addition to the types of liabilities commonly considered encumbrances on real property (mortgages, deeds of trust, delinquent tax liens, judgment items, mechanic's liens, assessments, etc.), the following are considered encumbrances:

1. The unpaid balance of the purchase price of property being purchased under contract of sale.

2. The amount paid on the principal for property being sold under a contract of sale.

In addition to the types of liabilities commonly considered encumbrances on personal property (loans, attachments for debts or taxes, chattel mortgages, liens, etc.), the following are considered encumbrances:

1. The unpaid balance of the purchase price of property being purchased under a conditional sales contract.

2. The amount paid on the principal for property being sold under a conditional sales contract.

D-133 UTILIZATION OF REAL PROPERTY D-133

D-133.10 DEFINITION OF UTILIZATION D-133.10

Property is considered to meet the income-producing requirements of W&IC Sections 454 and 455 if it is making a reasonable contribution toward the current needs of the recipient.

When the home is a multiple dwelling unit, the units not occupied by the recipient are expected to produce income consistent with their rental value. Consideration shall be given to the circumstances of each recipient so that undue hardship is not imposed. If the units have little or no net rental income, but are being rented as continuously as possible, the requirement that such units produce income consistent with their rental value is met.

Real property other than the home is expected to yield income reasonably consistent with its value. Unless there are unusual circumstances, such property should yield a minimum net return of 6 percent per year on the market value of the property. Net return is determined by deducting allowable expenses (see D-212.30, Net Income). If the property is vacant for a portion of the year, only the pro-rated percentage of return which represents the period of occupancy shall be used. If a plan for the use of such property supports a conclusion that it will contribute to the need of the applicant in the immediate future, or if it is sold for an amount consistent with its current market value and the plan and terms of sale are consistent with the requirement of reasonable contribution toward current needs, the requirement for use of the property is met.

Sale is not a reasonable plan of utilization if the net proceeds the recipient could reasonably expect to realize from the sale, together with other reserve property, would not exceed $1200 (or the combined reserve holdings of a married couple would not exceed $2000 if both are recipients of public assistance).

DO NOT WRITE IN THIS SPACE

D-133.40 RECIPIENT ACTION TOWARD UTILIZATION D-133.40

The law requires that (1) if the home consists of multiple units, those units not occupied by the applicant be rented so that they may yield income for the support of the recipient, and (2) real property other than the home yield income consistent with its value for the support of the recipient. These requirements mean, in effect, that the recipient must utilize such property to help meet his needs.

The recipient is given a reasonable period in which to initiate a plan for utilization of property not already being utilized in some acceptable way. For new applicants this period is three months from the date the application was granted. Otherwise this period is three months from the date the recipient was advised of the utilization requirement. In either case, the period may be extended if circumstances beyond his control prevent the owner from proceeding with his plan. When a recipient has made no effort to utilize his property by the expiration of a reasonable period, ineligibility results.

An applicant or recipient who refuses to consider development of a plan for utilization becomes ineligible immediately.

Until an acceptable method of utilization is found, all reasonable methods must be attempted and the recipient is given one year (including the initial three-month period) in which to develop such an acceptable method of utilization. This period may be extended if there are extenuating circumstances which support a conclusion that a successful method of utilization can and will be developed within six months following expiration of the one-year period.

DO NOT WRITE IN THIS SPACE

D-135.05 DIVISION OF PROPERTY RESERVE WITH SPOUSE D-135.05

Separate property owned by the applicant or recipient and his share of community property is included in evaluating his total property holdings. (See Secs. D-132.30 and D-135.10)

Each of a couple is presumed to own a one-half interest in community property, regardless of which spouse holds the property. All property held in the name of the spouse of a married person is presumed to be community property unless evidence establishes it to be separate property. Exception: Burial trusts and interment plots are considered the separate property of the spouse who is to be the beneficiary or user.

If the spouse with whom a recipient is living applies for public assistance, continuing eligibility of the recipient depends upon the value of the separate and combined property reserve of the couple. The separate property of a spouse who is not an applicant for or recipient of public assistance is not included in evaluating total property reserve of the applicant or recipient.

If each of a couple is an applicant and/or recipient of public assistance and the property reserve of each spouse does not exceed $1200, but their combined property reserve exceeds $2000, (see Sec. D-132.05) aid is granted (or continued) to one spouse and aid for the other spouse is denied (or discontinued). The decision, when aid can be granted to either one of the couple, but cannot be granted to both, as to which one shall receive aid rests with the couple. If it is to their advantage to grant to one rather than the other, this is explained.

DO NOT WRITE IN THIS SPACE

D-135.10 PERSONAL PROPERTY ITEMS TO BE INCLUDED D-135.10

The following items (including those subject to purchase or sale under a conditional sales contract) are evaluated as personal property:

1. Cash, savings accounts, securities, etc.

2. Notes, mortgages and deeds of trust. Exception: See W&IC Section 454.

3. Motor vehicles not needed for transportation by the applicant or recipient. (See W&IC Sec. 457). Need exists for a motor vehicle as a means of transporation when there is no other means of transportation available or the recipient is not physically able to use any other type of transportation. However, a motor vehicle the market value of which exceeds $1500, is not considered to be a vehicle "needed for transportation."

   The market value of a motor vehicle is determined by multiplying the vehicle license fee by 50. Exceptions: The actual market value is used when: (1) The vehicle license fee value of a vehicle otherwise needed for transportation is determined to be in excess of $1500; or (2) The vehicle license fee value of a vehicle not needed for transportation brings total personal property reserve in excess of the maximum permitted by law (see W&IC Sec. 456).

4. The cash surrender value of life insurance, including burial insurance, on the life of the applicant or recipient and on the life of the spouse.

5. Burial trusts or similar funds.

6. Interment plots, crypts, vaults, etc., if retained for use of the owner (see Sec. D-132.30, Item 3). Such a space is valued at $50 regardless of purchase price.

7. The lessee's interest in a lease of real property for a period of years. Exception: See W&IC Sec. 454.

8. Commercial or other business enterprises including farm equipment, livestock and fowl other than that retained for family use only, etc.

9. Interests in firms in receivership.

10. Interests in undistributed estates if the property is available prior to distribution.

11. Interests in trust funds of which the applicant or recipient is beneficiary if the property is in fact available.

12. Any other property which is not real property and which is not excluded under Sec. D-135.30.

DO NOT WRITE IN THIS SPACE

D-135.30 PERSONAL PROPERTY ITEMS TO BE EXCLUDED D-135.30

In addition to items excluded by Section 457, the following items are excluded when evaluating total personal property:

1. Any personal property used as a home.
2. Personal property owned by minor children of an applicant or recipient including insurance policies on the lives of minor children.
3. Funds held in an escrow account if the escrow can be revoked only upon the consent of all parties involved.
4. Recurring lump sum income. (See Sec. D-212.7)
5. Proceeds from the conversion of property being retained for the purpose of buying a home within the limits specified in W&IC Sec. 454.
6. Stock in a water company not appurtenant to the land in the amount necessary for agricultural purposes.
7. Items which are necessary to implement a rehabilitation or self-care plan for the applicant.
8. The value of personal effects (clothing, household furnishings and equipment, personal jewelry, etc.).

D-136 DIFFERENTIATION OF PERSONAL PROPERTY AND INCOME D-136

The following are considered personal property rather than income when received as nonrecurring lump sum payments:

1. Judgments, out of court settlements, and payments received because of compensation or personal injury laws
2. Inheritances
3. Cash received by the insured from the surrender or maturing of insurance policies
4. Cash received as the beneficiary of insurance including OASI lump-sum death payments
5. Refunds of excess premium payments on National Service Life Insurance
6. Cash received by the recipient and/or his spouse from retirement or pension systems
7. Personal income tax refunds
8. Cash received as an irregular or nonrecurring gift.

(Continued

DO NOT WRITE IN THIS SPACE

D-136 (Continued) D-136

9. Insurance payments received as the result of fire, flood or other catastrophe. Exception: Such payments received because of damage to the home are exempt from consideration as either personal or real property for a period not to exceed one year if held to rebuild or repair the home.

Exceptions:

a. If as a result of such gift, property reserves on the first of the month following receipt of the gift exceed the amount allowable (see W&IC Sec. 456) the excess is income in that month.

b. If the donor has a contractual obligation to make payments or if the recipient has a legal right to the money received; e.g., cash received as beneficiary of an insurance policy, such cash payments are not considered "gifts."

D-137 ACQUISITION AND CONVERSION OF REAL OR PERSONAL PROPERTY D-137

Real or personal property may be acquired or converted to other forms by a recipient without affecting eligibility if the resultant holdings do not exceed the maximum allowed by the code (see Sec. D-138.20, et seq. regarding property transfers which do not result in ineligibility).

In ATD, the applicant or recipient who does not own a suitable home, i.e., one which meets his requirements, or the applicant or recipient who desires to sell his home and purchase another, is permitted to use any real property or the proceeds from the sale of real property to buy a home. Any such property (or proceeds) is considered to be used as a home and no value is placed thereon provided:

1. He has a definite plan to use the property through conversion or transfer within six months for the purpose of providing himself with a home

and

2. The property or the proceeds received from the sale of property are used to purchase a home, or apply on the balance due on a home already purchased within one year from the date of the sale or within one year from the date of application, whichever is later. Such proceeds may also be applied to the costs of moving necessary furnishings and repair and alteration to the home; or an amount may be retained within the limits set for a reserve. (See Sec. D-132.10, Property Other than the Home.)

In effect, this means that real property or proceeds from real property may be evaluated as a home for up to 18 months after initiation of a plan to purchase a home.

These regulations are to be applied in a flexible and reasonable manner which, within the limits specified in the code, will allow the recipient a maximum freedom of choice in the acquisition, conversion, or disposition of property resources without affecting his eligibility.

DO NOT WRITE IN THIS SPACE

D-138 TRANSFER OF PROPERTY D-138

D-138.10 RESPONSIBILITIES IN PROPERTY TRANSFERS D-138.10

Applicants and recipients are responsible, in so far as able, for giving all available information to assist the county in determining whether a transfer of property was made in order to qualify for aid, to qualify for a larger amount of aid or to avoid utilization. Recipients are also responsible for immediately notifying the county of any transfer which occurs after aid is granted.

D-138.20 TRANSFERS OF REAL OR PERSONAL PROPERTY WHICH DO NOT RESULT IN INELIGIBILITY D-138.20

There is a presumption that transfers made more than two years preceding the application were not for purposes of qualifying for aid or for a greater amount of aid or to avoid utilization. Other circumstances under which property transfers do not result in ineligibility are specified in Sections D-138.21 through D-138.25.

D-138.21 TRANSFER FOR FAIR CONSIDERATION D-138.21

A transfer of property in which the grantor receives fair consideration, in light of current property values, in return for his equity does not result in ineligibility provided that the resultant holdings are within the maximum allowed.

D-138.22 TRANSFER TO SATISFY A DEBT D-138.22

A transfer of property to satisfy a bona fide debt or obligation in an amount which represents a reasonably adequate consideration for the grantor's equity does not result in ineligibility. Due to the mutual obligation existing between parent and child, support given to a parent is not a valid debt unless there is evidence that the child became indebted in order to render the assistance or that the assistance given otherwise resulted in undue hardship on him or his immediate family.

D-138.23 TRANSFER WHEN FORECLOSURE IMMINENT D-138.23

Transfer or assignment of property when foreclosure or repossession is threatened, or when it is clear that such property cannot be retained, does not result in ineligibility unless there is evidence of collusion. When there is evidence that a grantor was unable to refinance the property due to the necessity for payment of a substantial sum on the principal or because of his advancing years and diminishing ability to make payments, the transfer may be held to involve property in which foreclosure was imminent.

D-138.24 TRANSFER OF SEPARATE PROPERTY OF THE SPOUSE D-138.24

The transfer by a spouse of his or her separate real or personal property does not affect the eligibility of the other spouse.

DO NOT WRITE IN THIS SPACE

D-138.25 TRANSFER OF REAL PROPERTY WITH RETENTION OF LIFE ESTATE (ELIGIBILITY NOT AFFECTED) D-138.25

There is a presumption that real property transferred with retention of life estate does not affect eligibility if the property transferred is:

1. The home property

   Transfer of real property at any time with the retention of life estate does not result in ineligibility when the property is the home of the grantor and will continue to be utilized to meet his housing need.

2. Property other than the home

   Transfer of real property with retention of life estate within two years prior to application does not result in ineligibility if:

   a. The property is being utilized or a plan for utilization is in progress and the transfer does not preclude future utilization by the life tenant, or

   b. Development of a reasonable plan for utilizing the property is not possible. (See Section D-133.10)

The life estate agreement must be written and recorded. (See Sec. D-138.34 for circumstances under which it is presumed that a transfer of property with retention of life estate results in ineligibility.)

D-138.30 TRANSFERS OF REAL OR PERSONAL PROPERTY WHICH RESULT IN INELIGIBILITY D-138.30

Transfers of property which are made to qualify for aid or for greater amount of aid, or in ANB to avoid utilization, result in ineligibility. Circumstances under which ineligibility is presumed to exist as a result of property transfer are specified in Secs. D-138.31 through D-138.36.

D-138.31 TRANSFER IN RETURN FOR LIFE CARE D-138.31

A transfer of property subject to the condition that the grantee will provide full support for the grantor for the remainder of his life renders the grantor ineligible. If an enforceable contract provides for less than full support, the value of the support provided shall be considered income.

D-138.32 TRANSFER FOR PURPOSE OF REDUCING HOLDINGS WITHIN STATUTORY MAXIMUM D-138.32

A transfer of property in order to reduce remaining holdings within the statutory maximum results in ineligibility. If the transfer occurred more than two years prior to the date of application, there is a presumption that the transfer was made in good faith and not for the purpose of qualifying for aid.

DO NOT WRITE IN THIS SPACE

D-138.33 TRANSFER OF REAL PROPERTY FOR THE PURPOSE OF AVOIDING UTILIZATION D-138.33

Even though the county assessed value less encumbrances of real property owned by an applicant or recipient or his equity therein is within the statutory maximum, a transfer of all or a portion of such property results in ineligibility if the transfer is made:

1. To avoid utilization of the property, or

2. To safeguard future eligibility status by divesting the applicant or recipient of proceeds which he would receive if the property were to be sold.

D-138.34 TRANSFER OF REAL PROPERTY WITH RETENTION OF LIFE ESTATE (INELIGIBILITY PRESUMED) D-138.34

There is a presumption of ineligibility for a transfer without consideration of real property with retention of life estate if:

1. Transfer was within two years of date of application, and

2. Value of personal property when added to market value of transferred property would have exceeded maximum amount of property reserve permitted by law, and

3. Utilization of property was possible only by sale.

The presumption is refuted if the transferor's purpose at the time of the transfer was not to avoid future ineligibility or in ATD to avoid utilization. (See Sec. D-138.25 for circumstances under which it is presumed that a transfer of property with retention of life estate does not affect eligibility.)

DO NOT WRITE IN THIS SPACE

D-138.35 RELINQUISHMENT OF LIFE ESTATE TO AVOID UTILIZATION D-138.35

Relinquishment of a life estate in real property is presumed to be for the purpose of avoiding utilization if:

1. The property is being utilized by the life tenant either as his home or in another way, or utilization is feasible, and

2. The life tenant does not receive adequate consideration.

Unless this presumption is refuted, ineligibility results.

If the transfer with retention of life estate was prior to June 1, 1951, or two or more years prior to application (whichever is later) adequate consideration for relinquishment of the life estate is determined by applying the California State Gift Inheritance Tax formula. Otherwise, adequate consideration is that which is consistent with the net sale value of the property at the time of relinquishment. Exception: If the remainderman has invested in the property, the value of the life estate would be modified by the remainderman's investment.

D-138.36 TRANSFER OF INCOME PRODUCING PERSONAL PROPERTY D-138.36

There is a presumption that a transfer of income producing personal property is for the purpose of qualifying for a greater amount of aid. Unless this presumption is refuted ineligibility results.

DO NOT WRITE IN THIS SPACE

D-138.40 DURATION OF INELIGIBILITY DUE TO TRANSFER OF PROPERTY D-138.40

The period of ineligibility following a transfer of real or personal property which results in ineligibility begins the first day of the month following that in which the transfer occurred. This period is not extended because of income received during the period.

Aid paid to a recipient during the period of ineligibility has no effect on the period of ineligibility.

The duration of ineligibility due to a transfer of real property (other than that included in the allowable reserves) is the period during which a reasonable return for the grantor's equity in the property, had it been sold, would have supported the grantor and those dependent upon him. If at the time of transfer the grantor's property reserves were less than the maximum allowable (see Sec. D-132.10), the amount which would have been available to support the grantor and his dependents from the property transferred is reduced by that amount which would have given him the maximum property reserve before the period of ineligibility is computed. The duration of ineligibility due to a transfer of personal property is the period during which the amount of personal property in excess of the statutory maximum at the time of the transfer would have supported the grantor and those dependent upon him.

The following amounts are used as the monthly maintenance allowance for an individual with, and without, dependents: (A dependent is one whose major support has come from the applicant or recipient.)

1 person	$200.00
1 person with spouse, or, 1 person with one dependent	$300.00

(The allowance is increased by $100 for each additional dependent)

If there are two or more transfers resulting in ineligibility, the period of ineligibility is the sum of the periods resulting from each transfer and begins with the first day of the month following that in which the first transfer occurred.

The period of ineligibility ends if the property which was transferred and which caused ineligibility is reconveyed to the grantor, or if he receives reasonably adequate consideration for it subsequent to the transfer.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-170 ELIGIBILITY REQUIREMENT D-170

To be eligible for aid to the needy disabled, a person's disability, or combination of disabilities, must come within the meaning of permanent and total disability as defined in Sec. D-171.

D-171 DEFINITION OF PERMANENT AND TOTAL DISABILITY D-171

The definition of permanent and total disability as used to determine eligibility covers all of the following criteria:

1. The disability arises from a medically verifiable physical or mental impairment or combination thereof, and is of such severity as to preclude independent living; i.e., the person needs the regular services, supervision, or presence of another person in order to carry on the elementary activities of self-maintenance in a manner consistent with decency and without jeopardy to himself or others. Persons who need but do not have assistance or supervision, who live alone or otherwise maintain themselves without such assistance may be eligible.

2. The disability appears reasonably certain to continue throughout the lifetime of the individual without substantial improvement.

3. The disability substantially precludes the person from engaging in useful occupations within his competence such as holding a job or homemaking. Sheltered workshop and rehabilitative work are not considered substantial gainful employment.

Persons confined to a bed or chair are eligible with respect to disability if they meet criteria (2) and (3) above.

Need for supervision of persons with mental impairments shall be differentiated from need for surveillance or restraint because of antisocial behavior. The latter group is not eligibile for ATD. (See Handbook Sec. D-171.50 for criteria for evaluating mental illness.)

Persons with a combination of impairments are eligible if the combination constitutes a disability of equal severity to that of a single major disability.

The definition of disability in this section applies irrespective of whether a person lives in an institution or elsewhere. (See Sec. D-141.20 for eligibility in an institution.)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATI
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-172 DETERMINATION OF PERMANENT AND TOTAL DISABILITY D-172

The final decision as to whether a person is disabled within the meaning of Sec. D-171 is made by a State Review Team of physician and medical social worker. The county, however, has a significant responsibility for the accuracy of the ultimate decision.

The determination of disability is made from reports prepared by the county pursuant to Secs. D-172.20 through D-172.30. The examining physician, social caseworker, and in some cases, psychologists, have responsibilities in submitting evidence of disability. The county medical consultant has an enabling role as described in Sec. D-172.41.

D-172.10 MEDICAL EVIDENCE D-172.10

A medical examination by a duly licensed practicing physician is required. Medical evidence shall include a history and response to any treatment. The examination must be sufficiently comprehensive to determine the extent and degree of the applicant's impairment or impairments. If laboratory work or X-rays are necessary, they shall be ordered by the physician and the results shall be included in his report.

The county shall secure and submit supplementary medical evidence if it is available in the files of other agencies and institutions.

The activity limitations which the impairment creates shall be included in medical evidence submitted by the physician in so far as practical and shall be complemented by information submitted by the social caseworker.

Where mental retardation or psychoneurotic or psychotic behavior is implicated as a major cause of disability, the county shall secure psychological or psychiatric examinations as needed.

Refusal to submit to a psychiatric examination shall not in itself be considered grounds for denial of aid. Necessary information for an understanding of the disability shall be secured in other ways if the applicant resists such examination. If the county determines the refusal is unreasonable, aid may however be denied. (See Section D-011.40)

When medical evidence submitted is insufficient to give the SDSW Review Team an adequate picture of the applicant's disability, the Team may request further medical information or more social history for a better understanding of the manner in which the impairment affects the client's functioning. When the former is requested, the county medical consultant shall assist the caseworker as may be indicated in approaching the examining physician for further information or in relation to securing an examination by a specialist.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-172.20 MEDICAL REPORTS D-172.20

Medical reports of initial examinations shall be made on a form prescribed by the SDSW, Form DA 1, Medical Report. Supplementary reports from specialists may be submitted in narrative form. To be valid, medical reports must be based on medical examinations completed no earlier than three months prior to date of application, except when another examination would be a hardship for the individual and the state review team determines that the existing report is reasonably recent and the condition reported is not likely to have improved.

Copies of medical reports shall be made available to the applicant's physician for medical treatment purposes, with permission of the applicant.

D-172.21 PSYCHOLOGICAL REPORTS D-172.21

In cases of mental deficiency, a report by a qualified clinical psychologist is required. However, if the medical and social reports are sufficient to establish disability, the report may be waived by the SDSW.

D-172.30 SOCIAL STUDY AND REPORT D-172.30

A social study and report shall be completed on all applicants for aid to the needy disabled. The report shall include current information concerning the person's family and living arrangements, physical appearance and personality, disability, effects of disability, etc. The report shall be made on a form prescribed by the SDSW, Form DA 2, Social Information Report.

DO NOT WRITE IN THIS SPACE

D-172.40 REVIEW AND ACTION ON MEDICAL AND SOCIAL INFORMATION REPORTS BY THE SDSW D-172.40

Medical and social information reports on each applicant shall be forwarded to the SDSW for a determination of eligibility with respect to the disability factor. Originals of the Medical Report, Form DA 1, and the Social Information Report, Form DA 2, shall be submitted whenever it is necessary to determine initial or continuing eligibility unless otherwise specified by SDSW, and shall include the county's recommendation as to the individual's eligibility with respect to the disability factor.

The State Medical Review Team will review the medical and social information reports in each case and will classify the case as approved, or disapproved. Approved cases will be further classified as group 1 (no further disability evaluation required) or group 2 (disability reevaluation required). Where reports are inadequate or the information is insufficient, decisions will be deferred until sufficient information is obtained.

The Medical and Social Information Reports, DA 1 and 2, will be retained by the SDSW. Two copies of the Certificate of Disability, DA 3, will be forwarded to the county.

When an individual reapplies for aid after a prior denial or discontinuance for any cause, disability shall be redetermined regardless of any prior Form DA 3, Certificate of Disability, on file.

D-172.41 RESPONSIBILITIES OF COUNTY MEDICAL CONSULTANT D-172.41

The county medical consultant shall be available to assist in:

1. Maintaining good relationships with the medical profession
2. Arranging medical examinations and securing information
3. Interpreting medical reports and their implications to casework staff
4. Instructing casework staff as to the symptoms of disabling conditions which are important for them to consider in interviewing the applicant
5. Arranging medical treatment if the examination reveals its necessity in the applicant's care or rehabilitation.

The county medical consultant will not make a finding of disability, but will help to secure adequate and relevant information upon which the State Review Team can act.

DO NOT WRITE IN THIS SPACE

D-172.50 APPLICANT DISSATISFACTION WITH MEDICAL EXAMINATION D-172.50

If an applicant is dissatisfied with the medical examination he receives he may request another examination and shall be referred to another physician, preferably one who is a specialist in the field of the applicant's disability, if available.

D-173 CHOICE OF MEDICAL EXAMINER D-173

The county may designate a physician, hospital, clinic or panel of physicians for medical examinations to determine eligibility. In the absence of such designation, the applicant or recipient may select his own physician for this purpose.

D-174 MEDICAL EXAMINATION BY COUNTY OR STATE MEDICAL CONSULTANT D-174

A county or state Medical Consultant shall have the privilege of examining an applicant for or recipient of aid. If the person is examined by a state medical consultant, a different state medical consultant shall recommend action on the basis of all available information.

DO NOT WRITE IN THIS SPACE

D-177 REDETERMINATION OF PERMANENT AND TOTAL DISABILITY D-177

A periodic medical reexamination and social information study of a recipient is required for group 2, approved cases. The requirement is not applicable to group 1 cases.

When there are facts to indicate that a recipient's physical or mental condition has improved so that he may no longer be eligible, or that he is malingering, or where aid has been discontinued for one year or more (unless otherwise specified by SDSW), the individual shall be reexamined and the necessary reports submitted to the state for reevaluation.

D-178 EXPENSES IN CONNECTION WITH MEDICAL, PSYCHIATRIC OR PSYCHOLOGICAL EXAMINATIONS D-178

There is no expense to the applicant, recipient or appellant for any medical, psychiatric or psychological examination required by the SDSW.

A reasonable fee for such examinations is considered an allowable county administrative expense. Maximum fees allowable for medical examinations including psychiatric examinations, shall be the fees established for the Medical Care program. Fees for psychological examinations shall be in accordance with the prevailing rate in the community.

Necessary transportation expense to secure required physical and/or psychiatric or psychological examinations is allowable administrative expense.

D-179 APPEALS BASED ON DISABILITY D-179

An individual who is dissatisfied with the disability determination has the right to appeal for a fair hearing. If the appellant has not been examined by a medical specialist (Board Certified or Board eligible) in the area of the appellant's major disability within three months of the day the appeal is filed, the county shall refer the appellant to such a specialist immediately after notification from SDSW that the appeal has been filed and shall submit the specialist's report at least ten days before the hearing.

The report of the examination by the specialist shall be submitted to the appropriate Area Office and assigned for evaluation to a Review Team other than the one which made the disability determination being appealed. If, on the basis of the additional medical evidence and any other information submitted by the county, this Review Team finds that the case can be approved on the disability factor it will issue a new Certificate of Disability, DA 3. Aid can be granted or restored without the formality of a hearing by the SSWB if the appellant is otherwise eligible as provided in Section D-223.

The appellant may submit additional medical reports to support his appeal at the time of the hearing. Any expense for reports not required by the SDSW is the responsiblity of the appellant.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

D-200 STANDARD OF ASSISTANCE D-200

The total standard of assistance for a disabled person who meets the eligibility requirements for ATD includes:

1. Basic needs common to all recipients as set forth in Sections D-202.05 through D-202.20.

2. Special needs as specified in Sections D-203 et seq.

3. Medical care paid on behalf of the recipient from the Medical Care Fund as provided in Sections MC-010 et seq.

The foregoing standard is used to identify needy persons and the money amounts necessary to meet their needs.

D-201 DETERMINATION OF NEED - GENERAL D-201

The total need of an applicant or recipient, for purpose of ATD grant determination, is the money amount necessary to provide those items of support, set forth in the subsequent sections of this chapter, as basic needs common to all and special needs. (See MC-010 through MC-053.70 for Medical Needs Payable on Behalf of an ATD Recipient from the Medical Care Fund.)

The county is responsible for reviewing needs with the applicant or recipient and for identifying any special needs he may have. The applicant or recipient is responsible for reporting his needs and for informing the county promptly of changes.

Total need is computed by adding the cost (within the limits specified in this chapter) of any special needs he may have, to the allowance for basic needs.

Allowance for a special need item shall continue until a sufficient amount has been allowed to meet the total cost of the item within appropriate ceilings provided that the occurrence of the need is reported promptly, i.e., within 30 days. For types of medical care for which no maximum is specified, the total allowance shall not exceed $500 for any one illness occurring in a single year.

D-202 BASIC NEEDS - DEFINITION D-202

Basic needs are needs common to all recipients as set forth in Sections D-202.05 through D-202.15.

D-202.05 BASIC NEEDS OF RECIPIENTS IN INDEPENDENT LIVING ARRANGEMENTS D-202.05

Needs, as set forth in Sections A and B below, are considered to be common to all recipients in independent living arrangements; i.e., in their own home (including shared living arrangements, a hotel, apartment house, etc.) or in a board and room arrangement receiving no personal care or supervision. (See Sec. D-202.10 for minimum needs of recipients living in nonmedical out-of-home care facilities and receiving personal care and supervision; Sec. D-205.15 for needs of persons in certified rehabilitation centers, and Sec. D-205.20 for needs of persons in medical institutions and nursing homes.)

These needs are to be allowed in the amounts specified, based upon the appropriate living arrangement.

(Continued)

D-202.05 (Continued) D-202.05

A. Recipient in Shared Living Arrangements

Food	$33.00	Low-cost therapeutic diet, moderate need, high protein
Clothing	8.00	For adequate healthful clothing and clothing upkeep including dry cleaning and shoe repair
Personal Care and Incidentals	8.00	For personal care, including hair care, personal toilet articles, shaving supplies, tobacco, etc.
Recreation and Education	6.00	For daily newspaper, magazines, books, recreation, stationery, postage, etc.
Telephone Service	2.00	For shared cost of minimum service whether or not there is a telephone in the home
Services Related to Disability	15.00	For such items as transportation, errand service and laundry or extra dry cleaning.
Household Maintenance	4.00	For ordinary upkeep and replacement of small items of household equipment and supplies, including general household articles, cleaning supplies, linens, mending and repair materials and medicine chest items
Total (shared living arrangements)	$76.00	
Plus housing and utilities, as paid, not to exceed	30.00*	*For adequate, suitable, sanitary housing in a locality chosen by the recipient, and light, water, garbage disposal, refrigeration and heat, as needed to maintain health and comfort.
Maximum (shared living arrangements)	106.00	

Recipient Living Alone

Individual items	$ 76.00	
Added living expenses	5.00	For additional expense of food ($2), household maintenance ($1) and telephone ($2).
Total	$ 81.00	
Housing and utilities, as paid, not to exceed	45.00*	
Maximum, living alone	$126.00	(Additional amounts allowed for redipients living alone are considered special needs but are included in this section for convenience in budgeting.)

*When housing is owned, the cost of the combined housing and utility items is the recipient's share of the cost of utilities (based on the number of persons in the household) plus his share of the cost of home ownership (based on his proportionate interest in the property; i.e., prorated taxes, assessments, insurance, required encumbrance payment (principal and interest) and a $2 monthly allowance for minor upkeep and repairs.)

(Continued)

DO NOT WRITE IN THIS SPACE

D-202.05 (Continued) D-202.05

When repairs are necessary in order to provide safe, healthful housing or to minimuze deterioration, the cost or prorated share is allowed as housing need up to the monthly maximum until the total cost has been met.

If alterations are necessary to facilitate self-care of the recipient, the total cost or payments on indebtedness incurred for the alterations or repairs is allowed as housing need up to the monthly maximum until the total cost has been met.

Exception:

When payments (principal and interest) received from the sale of real property are being utilized to purchase a home pursuant to W&IC Sec. 454, the payments so received may be applied against the required encumbrance payment on the home purchased or toward the cost of moving, necessary furnishings, necessary repairs or alterations to the home. If the payments received (after allowing for cost of moving, furnishings, etc.) are less than the required payment (principal and interest) on the home, the difference is included in determining the housing-utility cost. If the payment received (after allowing for costs of moving, etc.) is in the same amount or is more than the required payment on the home, no portion of the required payment on the home is included in determining the housing-utility cost.

B. Recipient Living in Board and Room Arrangement

Board and Room, as paid not to exceed - - - - - - - - - - - - - - -	$85.00	For adequate food, housing, utilities and household maintenance costs in housing arrangements chosen by the recipient.
Clothing - - - - - - - - - - - - - - -	8.00	For adequate healthful clothing and clothing upkeep including dry cleaning and shoe repairs.
Personal Care and Incidentals- - -	8.00	For personal care, including hair care, personal toilet articles, shaving supplies, tobacco, etc.
Recreation and Education - - - - -	6.00	For daily newspaper, magazines, books, recreation, stationery, postage, etc.
Services Related to Disability - -	19.00	For telephone calls, transportation, errand service, commercial laundry, and extra dry-cleaning.
Total Individual Items - - - - - - -	$41.00	
Total Maximum Allowable- - - - - - -	$126.00	

DO NOT WRITE IN THIS SPACE

D-202.10 NEEDS OF RECIPIENTS IN NONMEDICAL OUT-OF-HOME CARE FACILITIES D-202.10

Needs, as set forth in the following chart, are considered to be common to all recipients who are being cared for in nonmedical out-of-home care facilities and combine allowances for basic needs and special services. These needs are to be allowed in the amounts specified for the particular type of care required and received by the recipient. Types of care are classified as follows:

Group I - Minimum to moderate care and supervision

This group is appropriate for a person who needs a protective environment but limited personal service. He may be able to go out by himself, take care of his own room, and assume responsibility for his own medications, or he may need and receive one or more of the following:

a. Assistance in caring for his room, but can manage dressing and personal hygiene;

b. Help with medications because of forgetfulness, poor eyesight or shakiness;

c. A special room approved by the fire inspector for nonambulatory occupancy.

Group II - Extensive personal care and supervision

This group is appropriate for a person who needs and receives two or more of the following services or a combination of two or more of the services listed in Group I, plus one or more of the following:

a. Help with dressing and personal hygiene;

b. Extra care because of incontinence;

c. Modified diet and or help with eating;

d. Personal supervision in or away from the home because of general feebleness, tendency to wander, unsteadiness, mild mental confusion, etc., or mental retardation.

e. Extra care and special services because he in nonambulatory due to poor eyesight or use of mechanical walking aids and requires a room specially approved by the fire inspector for nonambulatory occupancy.

(Continued)

DO NOT WRITE IN THIS SPACE

D-202.10 (Continued) D-202.10

GROUP I - MINIMUM TO MODERATE CARE AND SUPERVISION

Board, room, personal supervision and assistance - Allow charge for care* not to exceed	$125.00
Clothing ($8), personal expense ($8), recreation ($6), transportation ($9), laundry or dry cleaning ($4)	35.00**
(Components of $125 charge, include shelter and utilities $45; food $55; attendant service $25)	$160.00

GROUP II - EXTENSIVE CARE AND SUPERVISION

Board, room, personal care and supervision - Allow charge for care* not to exceed	$150.00
Clothing ($8), personal expenses ($8), recreation ($3), transportation ($6)	25.00**
(Components of $150 charge include shelter and utilities $45; food $55; attendant service $50)	$175.00

DO NOT WRITE IN THIS SPACE

* "Charge for care," as used herein, includes the monthly charge by the home or institution plus a reasonable value, not to exceed the amount specified in the standard, for any portion of the care and/or services which are provided without charge or which the home or institution is obligated to furnish, pursuant to a life lease, admission agreement, or partial life care contract; i.e., has been paid for in advance.

**When one or more of these items is included in the charge for care, modification in the allowance is required.

D-202.15 BASIC NEEDS OF RECIPIENTS IN REHABILITATION FACILITIES D-202.15

The following need items are considered to be common to recipients in certified rehabilitation facilities for whom a plan of rehabilitation has been authorized by the county welfare department. (See Regulations Sec. MC-018 and Handbook Sec. MC-031.6, item II D.)

Board, Room and Personal Care - - -	$86.00
Clothing ($3), personal expenses ($7), recreation ($2), transportation and errand service ($3) - - -	$15.00*
Total -	$101.00

* When one or more of these items is included in the charge for care, modification in the allowance is required.

D-202.20 NEEDS OF RECIPIENTS IN MEDICAL INSTITUTIONS AND NURSING HOMES D-202.20

The following need items are considered to be common to recipients in medical institutions other than rehabilitation centers. (See Section D-140 et seq for definition of, and eligibility in, institutions.)

Board, Room and Personal Care - - -	$90.00
Clothing ($3), recreation ($2), personal and incidental needs ($10) - - -	$15.00*
Total -	$105.00

* When one or more of these items is included in the charge for care, modification in the allowance is required.

The county is responsible for determining whether or not the recipient lives in an institution and for computing his needs accordingly. When a recipient is hospitalized for a temporary period, it is not considered that he "lives" in an institution. He may receive up to two warrants with which to meet his on-going needs outside the institution, provided he remains eligible.

Starting with the third month following admission to a public medical institution, part or all of the grant is retained for payment to the institution in accord with Section D-225. The recipient is entitled to an allowance for his personal and incidental needs, by retaining his income and/or by receiving a grant for this.

DO NOT WRITE IN THIS SPACE

D-203 SPECIAL NEEDS NOT COMMON TO ALL RECIPIENTS D-203

Special needs are those which are not common to all recipients and which arise out of disabilities or other conditions peculiar to the individual's circumstances. These may be for items or services not provided as basic needs or for greater amounts to meet the cost of basic items. (Also see Sections D-202.05 and D-202.10 for special needs included in basic allowances for convenience in budgeting.)

D-204 NONMEDICAL SPECIAL NEEDS D-204

The items and services which are allowed as nonmedical special needs under the conditions specified are listed in Sections D-204.03 through D-204.47.

D-204.03 SPECIAL NEED FOR FOOD D-204.03

For Persons Living Alone Only

An additional amount for food has been included in basic needs for convenience in budgeting. (See Section D-202.05)

Restaurant meals: When circumstances require that the recipient eat all of his meals in restaurants, an additional $30 monthly is allowed. When he eats some but not all of his meals in restaurants a lesser amount is allowed depending upon individual circumstances.

D-204.05 SPECIAL NEED FOR HOUSING AND UTILITIES D-204.05

An additional amount for housing and utilities for persons living alone has been included in basic needs for convenience in budgeting. (See Sec. D-202.05)

D-204.07 SPECIAL NEED FOR HOUSEHOLD MAINTENANCE D-204.07

An additional amount for household maintenance for persons living alone has been included in basic needs for convenience in budgeting. (See Sec. D-202.05)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-204.17 SPECIAL NEED FOR TRANSPORTATION D-204.17

Special need for transportation, not to exceed $15 a month, is allowed when:

1. The cost of common carrier to the nearest adequate shopping center exceeds forty cents a round trip. Allowance is the amount by which fifteen round trips per month exceeds the $6 basic allowance for transportation.

2. A private automobile is used because of distance from shopping facilities or because adequate common carrier is not available. Allowance is the amount by which the cost of fifteen round trips per month, by automobile, to the nearest adequate shopping center, exceeds the $6 basic allowance for transportation.

3. Recipient requires transportation for medical care. If adequate common carrier is available special need is allowed for the actual cost of the required trips by common carrier. If adequate common carrier is not available, special need is allowed based upon a reasonable cost of operating an automobile for the required trips.

If an automobile is required for transportation, the $15 ceiling is applicable to payments on the automobile, fixed charges, upkeep and operating costs. If the automobile is shared with another person or persons, the recipient's prorated share of costs is allowed.

D-204.27 SPECIAL NEED FOR TELEPHONE D-204.27

An additional amount for telephone for persons living alone has been included in basic needs for convenience in budgeting. (See Sec. D-202.05)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-204.40 DETERMINATION OF SPECIAL NEED FOR ATTENDANT SERVICES D-204.40

Special need for attendant services shall be determined in accordance with the provisions of Secs. D-204.43 through D-204.47.

D-204.43 DEFINITION OF ATTENDANT SERVICES D-204.43

Attendant Services are services provided in the home that are necessary to the survival and well-being of the recipient. The services may include housekeeping, personal care, supervision and assistance with ambulation. Services provided by licensed medical practitioners and ancillary personnel as defined in the Medical Care program are excluded. Payment may be made for the services of a practical or vocational nurse.

Allowance for attendant service to a parent, spouse or adult child may be made only if the individual is able to work but is unable to accept employment or must relinquish employment in order to care for the disabled recipient.

Payment for attendant services is not allowable to persons in public and private medical institutions, nursing homes, rehabilitation facilities or institutions licensed by the State Department of Mental Hygiene.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-204.45 EVALUATING THE NEED FOR ATTENDANT SERVICES D-204.45

In evaluating the need of ATD recipients for attendant services, the following factors shall be considered:

1. Whether residence in the home will help to maintain integrity of the family unit.

2. Whether residence in the home is physically and psychosocially preferable to institutionalization.

3. Whether human dignity and decency can be enhanced through attendant service.

4. Whether persons with a short life expectancy can be afforded the comfort of family life.

ATD recipients to be considered for attendant services generally fall within one or more of the following groups:

1. Bedfast, chairbound or helpless persons for whom institutional care is not indicated because of family ties or other personal consideration and whose relatives can provide needed care if they have some assistance from an attendant.

2. Recipients whose care results in neglect of children, family strain or an excessive burden upon the major caretaker due to the latter's responsibility for other disabled persons, small children, employment outside the home, or other substantial duties.

3. Recipients dependent for care upon an aged, ill or unrelated person; or who are themselves responsible for the care of minor children or an aged or disabled person.

4. Recipients living alone and dependent upon relatives, neighbors, friends and/or tradespeople for essential services, or who are performing them themselves to the detriment of their health, or performing them in a substandard manner.

5. Mentally retarded and other recipients who require constant supervision and whose major caretaker needs relief from outside the family because of lack of other relatives willing and able to share the responsibility.

6. Recipients whose caretaker could secure employment and whose normal role is that of breadwinner.

Applicants or recipients eligible for OAS or ANB are ineligible for attendant services.

DO NOT WRITE IN THIS SPACE

D-204.47 MAXIMUM ALLOWANCES FOR ATTENDANT SERVICES D-204.47

(See Sec. D-212.40 for regulations governing income.)

ATD recipients in independent living arrangements may be allowed up to a maximum of $150 per month for attendant care.

In exceptional cases and under specified circumstances (See Handbook Section D-204.47), a total allowance for attendant care of as much as $300 per month may be approved. Allowance in excess of $150 per month may be made only upon prior authorization of the SDSW.

The cost of attendant care includes expenses incidental to employment such as carfare, meals, social security deductions, etc.

Allowances for attendant care shall be in accordance with the rate prevailing in the local community. The rate may be less in individual situations.

For allowances for attendant care in nonmedical out-of-home care facilities see Section D-202.10.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT S
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-205 DETERMINATION OF NEED FOR MEDICAL CARE - GENERAL D-205

Definition

Medical care includes diagnostic, preventive, corrective and curative services, and supplies essential thereto provided by practitioners (see Sec. MC-014, contained in Appendix - Medical Care) for conditions that cause suffering, endanger life, result in illness or infirmity, interfere with capacity for normal activity or for conditions which may develop into some significant handicap. Included also are functional improvement and rehabilitation services (see Secs. MC-031.4, 031.5, and 031.6 in medical care appendix).

D-205.10 METHODS OF PROVIDING MEDICAL CARE D-205.10

Needed medical care is provided through sources specified by Secs. D-205.11 through D-205.15 inclusive.

D-205.11 USE OF COMMUNITY RESOURCES D-205.11

Community resources which are available without charge to all members of the community and services available to the applicant or recipient at no charge through other state or federal programs are to be utilized in preference to payment from the Medical Care Fund or special need allowance to the recipient.

D-205.12 USE OF PREPAID MEDICAL PLANS D-205.12

When all or any portion of a recipient's medical need is covered under any prepaid medical plan or insurance, need is to be met from such medical care plan to the fullest extent possible before any payment from the Medical Care Fund or special need allowance to the recipient.

D-205.13 USE OF MEDICAL CARE FUND (SEE APPENDIX, MEDICAL CARE) D-205.13

Medical care for which payment may be made on behalf of a recipient from the Medical Care Fund is to be met from the Medical Care Fund only. (See Sec. MC-030) "Recipient" as used herein includes an eligible person for whom, in the month the medical care is received:

1. A cash grant payment is made; or

2. The cash grant payment is withheld or suspended only because of a question concerning the amount of aid to which he is eligible (see Secs. D-226.10 and D-226.12); and/or

3. The authorized grant is reduced to zero to adjust for an overpayment (see Sec. D-227.10).

(Continued)

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
..R FILING ADMINISTRATIVE REGULA1...S
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-205.13 (Continued) D-205.13

A "medical care only" recipient, as referred to herein, is any recipient whose income (exclusive of the assistance grant) is sufficient to meet his total nonmedical needs but is insufficient to meet his total need including all medical needs. In such case, his medical needs, within the same limitations as would apply if the medical care fund were utilized, are to be met from his income to the greatest extent possible.

If his medical need exceeds his income, the balance of the medical need, if normally payable from the fund, is to be met from the fund. If his income exceeds his medical need, the balance of the income is considered available to apply toward meeting his nonmedical needs within the ATD standard.

When the "medical care only" recipient's income and medical needs are reasonably stable and predictable on a continuing basis, and the income exceeds the average monthly medical need, a period of predictability not to exceed six months may be determined. A single money amount consistent with medical fund limitations may be established which will represent medical need for each month of the period so determined. Similarly, single money amounts will be established for:

a. Income required to meet the medical need, and

b. Income available to meet his minimum and special needs within the ATD standard.

When the circumstances change substantially from that predicted in determining a projected figure, a new figure shall be determined for use in future grants or need in future months shall be redetermined monthly.

D-205.15 MEDICAL CARE WHEN A PERSON BECOMES A RECIPIENT RETROACTIVELY D-205.15

When a person becomes a recipient retroactively, medical needs during the period for which retroactive aid is granted shall be met in the same manner in which they would have been met if the person had been a current recipient at the time the need occurred. (See Secs. D-205.11 through D-205.14).

D-205.20 CHOICE OF PRACTITIONER D-205.20

The county may designate a physician, hospital, clinic, group of physicians and other ancillary personnel to evaluate recipients for functional improvement services and to provide needed services.

DO NOT WRITE IN THIS SPACE

D-208 EVIDENCE OF SPECIAL NEED D-208

Before a payment which includes a special need allowance is made, evidence is required to establish:

1. That the conditions under which the need may be allowed are met;

2. The monthly cost and/or the total cost of the need;

3. The proportion of the cost which should be borne by the recipient if the need is shared by others in the household;

4. The period, if predictable, over which the need will continue.

The cost of needs which are fluctuating and/or unpredictable in their occurrence and amount will be determined monthly. The cost of other special needs will be redetermined as often as necessary, considering the type of need and the potential for change.

DO NOT WRITE IN THIS SPACE

D-211 INCOME - DEFINITIONS D-211

D-211.02 INCOME - GENERAL D-211.02

Income is any benefit in cash or in kind received as a result of current or past labor or services, business activities, interest in real or personal property, or as a contribution from persons, organizations or assistance agencies.

Exceptions:

1. County supplementation is not considered income if the recipient's grant and other income are not sufficient to meet his total need determined within the limits specified in Chapter 20.

2. Certain benefits received as nonrecurring lump-sum payments and proceeds received from sale of property (excluding proceeds from sale of less than an entire holding of livestock, poultry, timber, etc) are considered personal property rather than income. (See Sec. D-136, Differentiation of Personal Property and Income, and D-137, Acquisition and Conversion of Real or Personal Property.)

3. The interest payment on a trust deed, mortgage or promissory note received as a result of real property sold pursuant to W&IC Sec. 454 is earmarked income which, after a home is purchased, must be applied on the home. Therefore, such income is available to apply on other needs only until the month in which the home is purchased and after full payment on the home is completed.

4. Funds provided solely for housekeeping and attendant care services are not considered as income available to meet other needs. Payment for these services shall be at the usual community rate and the total cost shall not exceed $350 per month unless the care needed is not available at that cost.

5. Funds provided by public and private agencies to assist in implementing a rehabilitation plan are exempt from consideration as income.

6. Payments from any source to a vendor for medical care and related needs are not considered income.

D-211.03 SEPARATE INCOME D-211.03

Separate income is a) income derived as a result of an interest in separate property, or, b) income resulting from employment or military service rendered prior to the present marriage.

D-211.04 COMMUNITY INCOME D-211.04

Community income is

a. Income derived as a result of an interest in community property, or,

b. Income resulting from employment or military service performed during the present marriage or being performed at the time of the present marriage. Exception: If the applicant or recipient has relinquished his community interest in his spouse's earnings by oral or written agreement, such income is separate income of the spouse. If it is determined that the agreement was made for the purpose of qualifying for aid or for a greater amount of aid, such income is considered community income. However, pursuant to Sec. D-212.50, a spouse's earnings up to $200 monthly net are not to be considered as community income.

c. Income from the earnings of a minor child in accord with the ANC manual.

DO NOT WRITE IN THIS SPACE

D-211.05 CURRENT INCOME D-211.05

Current income is that which is received in the current month regardless of the period over which it accrued. Exception: Interest payments in decreasing amounts may be averaged. Any unexpended portion of current income (including casual income and income from an inconsequential resource - see Secs. D-211.06 and D-211.07) becomes personal property on the first of the month following receipt of the income. Exception: See Sec. D-212.7, Recurring Lump Sum Income.

D-211.06 CASUAL INCOME D-211.06

Casual income is income in cash or in kind which is 1) unpredictable as to amount and time of receipt; 2) of short duration; and 3) of negligible importance in meeting continuing needs under the ATD standard. Such income is not considered in determining the amount of the aid payment.

D-211.07 INCOME FROM AN INCONSEQUENTIAL RESOURCE D-211.07

Income from an inconsequential resource is the net return from an interest in real or personal property which makes no appreciable contribution to the continuing needs of a recipient under the ATD standard. Such income is not considered in determining the amount of the aid payment.

DO NOT WRITE IN THIS SPACE

D-212 DETERMINATION OF AMOUNT OF INCOME D-212

The county is responsible for (1) reviewing with the applicant or recipient all his resources in light of their income producing potentials; (2) encouraging the production of income within the applicant or recipient's capabilities; (3) determining whether income is actually received and, if so, the regularity of receipt, the net amount, the applicant or recipient's share, and whether it is casual or from an inconsequential resource.

Resources which are to be evaluated as income producing potentials include:

1. Social insurance, i.e., OASDI, Railroad Retirement, Unemployment Insurance, Disability Insurance, etc.
2. Benefits available to veterans, servicemen and their dependents.
3. Rights and interests in real and personal property. (See Sec. D-133.)
4. Relatives and other persons who may be contributing.
5. Recipient's own capacity for self help and employment.
6. Private pension plans, union welfare funds, life insurance disability benefits, other forms of assistance, etc.

The applicant or recipient is responsible for giving information necessary to such determinations and for taking all actions necessary to receive unconditionally available income. Income is to be considered unconditionally available if the applicant or recipient has only to claim or accept the income, e.g., relative's offer of a contribution, OASDI or Disability Insurance. Ineligibility results if an applicant or recipient refuses to accept such income.

D-212.05 CONTRIBUTIONS FROM RELATIVES D-212.05

While W&IC Section 4011 provides that no relative can be compelled to support an applicant or recipient, voluntary contributions are treated as income except as provided in Section D-211 (also see Section D-212.50 for division of income with spouse and minor children).

D-212.30 NET INCOME D-212.30

Net income from property (including that from property in which a life estate is held), produce or business enterprises is determined by deducting from gross income all normal items of expense incident to its receipt. Principal payments on encumbrances are not considered a necessary item of expense.

Net income from wages, salaries or commissions is the amount remaining after subtracting all required deductions and expenses incurred in the securing and retention of employment. Exception: See Sec. D-212.50 for expenses included in determining need of an employed ineligible spouse.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT S
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-221 AMOUNT OF AID PAYMENT D-221

Aid is to be paid at regular intervals, subject to the limitations of W&IC 4020, in the nearest whole dollar amount determined by subtracting the recipient's current net income received in the month (as determined in accord with Chapter D-21) from his allowable needs for the month (as specified in Chapter D-20).

The aid payment cannot exceed $106 monthly except when a special need is allowed. (See Secs. D-203 through D-204.47.)

Payment is to be authorized, changed, suspended, denied or discontinued by use of Form ABD 278 or an approved substitute. (See Sec. D-025, Form ABD 278.)

In determining the amount of the aid payment for a particular month, all income and those allowable needs which existed and were reported before the end of that month are considered. Exceptions: 1) when the change could not have been known or reported before the end of the month because it occured too late to give the recipient reasonable time to report within the month or the report was not received due to communication difficulties, etc., such change is to be reflected in the aid payment if reported by the end of the following month. 2) When special circumstances, such as the recipient's physical or mental incapacity, make it unreasonable to expect that he could have reported promptly, such change is reflected in the aid payment for the months in which it existed, if reported as soon as could reasonably be expected.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
...R FILING ADMINISTRATIVE REGULAT S
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

D-222 MONEY PAYMENT PRINCIPLE D-222

Aid payments shall be made in conformity with the money payment principle that each recipient has the right to manage his own affairs; to decide what use of his payment will best serve his interests; and to make his purchases through the normal channels of exchange, enjoying the same rights and discharging responsibilities in the same manner as other members of the community. Exception: If a recipient is a patient in a public medical institution, part or all of the grant is retained for payment to the institution. (See Sec. D-225)

Definition

Aid payments are:

1. Money payments to recipients.

   a. Delivered unconditionally to the recipient (or legally appointed guardian or conservator of his estate) with no state or county control of the use of the aid payment. (See Appendix Fiscal Manual Section, F-310, Item B - 2, Payments Upon Death of Recipient or Payee)

   b. Made to the recipient in advance at regular intervals, once a month or at weekly or biweekly intervals within the month.

   c. Intended for the benefit of the recipient only and do not constitute income to any other person.

2. Vendor payments to public medical institutions. (D-225)

Delivery of the warrant is to be made only to the recipient or otherwise delivered according to his instructions.

No payments are to be made to a guardian or conservator who is accountable either to the assistance agency or to a public institution responsible for providing care for the recipient.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

MC-045.1 REFRACTIONS AND EYE APPLIANCES MC-045.1

For OAS, AB and ATD recipients, if a physician or optometrist recommends the use of eye appliances, the cost of refractions and of eye appliances is allowed not to exceed the maxima listed below. Payment may be made only for those eye appliances listed below.

More than one type of glasses is permitted if correction for both reading and distance vision is required and two pairs of glasses are recommended by a physician or optometrist because the recipient's physical condition prevents use of bifocal lenses.

Lenses must be of a quality at least equal to Tillyer, Orthogon or Univis. Frames must be American made and bear the manufacturer's name or trademark. Billing for frames and lenses shall show the manufacturer's name.

Pro. No.		
9505	Refraction - Initial	$15.00
9506	Refraction - Follow-up, same practitioner, within six months	10.00
9507	Eye Evaluation, with refraction, by an eye physician	16.00
9510	Bifocal lenses (other than cataract) - each lens	10.00
9511	Single vision lenses (other than cataract) - each lens	5.00
9512	Bifocal cataract lenses - each lens	20.00
9513	Bifocal cataract lenses - each lens - Lenticular - Rose tine	27.50
9514	Bifocal cataract lenses - each lens - Lenticular - balance - Rose tint	13.75
9515	Single vision cataract lenses - each lens	10.00
9516	Single vision cataract lenses - each lens - Lenticular - Rose tint	13.75
9518	Tinted lenses - additional for each lens	2.00
9519	Prism - additional for each lens	2.00
9521	Trifocals (replacement only) other than cataract - per lens	15.00
9522	Slab-off (other than cataract) - additional for each lens	8.50
9530	Frames	10.00
	Artificial eyes	
9540	Plactic, stock - each	35.00
9541	Glass - each	15.00
9545	Corneal lenses for correction of keratoconus or other pathological conditions of the cornea wherein useful (i.e., 20/80) vision cannot be obtained with regular lenses - per paid	100.00
9549	Repairs Cost is to be allowed in accordance with local community practice, not to exceed a reasonable amount as determined by the county.	

(Sales tax, where applicable, is added to the above maxima.)

Effective 1/1/62

The following regulations are to be repealed effective January 1, 1962:

Chapter A-12, Citizenship
A-134, Owner of Personal Property
A-135, Evaluation of Personal Property
A-135.40, Encumbrances on Personal Property
A-204.09, Special Need For Board and Room
A-204.11, Special Need For Board and Personal Care
A-204.21, Special Need For Storage Of Household and Personal Goods
A-204.23, Special Need For Housekeeping Service
A-206.3, Special Need For Nursing Care
A-206.4, Special Need For Home Nursing Care
A-206.5, Special Need For Private Hospital Care
A-212.51, Community Income
A-212.52, Separate Income
A-212.53, OASDI and Railroad Retirement Income
A-212.54, Income Received As A Dependent Of A Serviceman
Chapter B-15, Responsible Relatives
B-134, Owner of Personal Property - ANB - APSB
B-135, Evaluation of Personal Property - ANB - APSB
B-135.40, Encumbrances on Personal Property - ANB - APSB
B-204.09, Special Need For Board and Room - ANB - APSB
B-204.11, Special Need For Board and Personal Care - ANB - APSB
B-204.21, Special Need For Storage Of Household and Personal Goods - ANB - APSB
B-204.23, Special Need For Housekeeping Service - ANB - APSB
B-206.3, Special Need For Nursing Care - ANB-APSB
B-206.4, Special Need For Home Nursing Care - ANB-APSB
Chapter D-12, Citizenship
Chapter D-15, Responsible Relatives
D-134, Owner of Personal Property
D-135, Evaluation of Personal Property
D-135.40, Encumbrances on Personal Property
D-201.05, Determination of Need - Persons In Institution
D-202.40, Household Maintenance
D-202.50, Medicine Chest Supplies
D-202.55, Telephone Service
D-202.60, Individual Items
D-202.70, Services Related to Disability
D-204.49, Evidence of Special Need
D-212.51, Community Income
D-212.52, Separate Income
D-212.53, OASDI and Railroad Retirement Income
D-212.54, Income Received As A Dependent Of A Serviceman
D-206, Special Need for Medical Care
D-205.14, Use of Special Need Allowance

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULA IS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 4555

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR
722 CAPITOL AVENUE, SACRAMENTO 14

October 24, 1961

DEPARTMENT BULLETIN NO. 619 (MC, ANC)

TO: COUNTY WELFARE DEPARTMENTS
COUNTY AUDITORS
LOS ANGELES JUVENILE COURT
SAN FRANCISCO JUVENILE COURT
CALIFORNIA PHYSICIANS' SERVICE

Subject: Elimination of Medical Services for ANC Recipients

Effective November 1, 1961, by emergency action of the State Social Welfare Board on October 18, 1961, the following medical services will no longer be available through the Medical Care Trust Fund to Aid to Needy Children recipients (adults and children):

Nonemergency office surgery
Medical examination Procedures 026, 027 and 028
Allergy testing
Diagnostic X-ray (except emergencies, e.g., fractures)
Laboratory services
Medical supplies (except as needed in emergency, e.g., cast materials)
Radiotherapy
Physical therapy
Visiting nurse
Podiatry
Chiropractic
Spiritual healers

The amount of federal and state money transferred to the Medical Care Trust Fund for the Aid to Needy Children program is insufficient to provide all medical care services now included in the regulations.

In order to prevent a deficit in the Medical Care Trust Fund, it is necessary to reduce those services which can most readily be obtained through public sources and those which have a relatively low priority rating. Therefore, effective November 1, 1961, the following medical services will be provided through the Medical Care Trust Fund:

DO NOT WRITE IN THIS SPACE

Physician's office visit (except Procedures 026, 027 and 028)
Physician's home visit (except Procedures 026, 027 and 028)
Drugs - restricted to the Drug Formulary
Emergency surgery (including necessary X-rays and medical supplies)
Dental care as presently provided

The provisions of this bulletin supersede any section or portions of sections of the Aid to Needy Children and Medical Care Manuals which are in conflict therewith. Appropriate manual revisions will be made as soon as possible.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

W&IC 1510, 1557

EDMUND G. BROWN, GOVERNOR

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL WELFARE

J. M. WEDEMEYER, DIRECTOR
722 CAPITOL AVENUE, SACRAMENTO 14

October 26, 1961

DEPARTMENT BULLETIN NO. 450 (ANC) (REVISED OCTOBER 1961)

TO: CHILDREN'S INSTITUTIONS
MATERNITY HOMES

Subject: Applications for ANC
Filed by Institutions

This bulletin supersedes Department Bulletin No. 450 (ANC) Revised, in describing the special policies and procedures under which applications for ANC may be filed by institutions. Because the Manual of Policies and Procedures - Aid to Needy Children is written for the use of county welfare departments, those policies and procedures peculiar to institution filing are incorporated in bulletin form. However, the ANC manual and department bulletins will continue to be used by the institutions in determining eligibility, in completing forms, and in claiming state funds under the ANC program. Wherever the statute reads "county" or "county welfare department" the same responsibility belongs to the institution receiving aid for a child under W&I Code 1557.

DO NOT WRITE IN THIS SPACE

All required forms pertaining to applications and claims for state funds under the ANC program shall be sent to the State Area Office serving the county in which the institution is located. The decision whether to grant aid or deny aid will be made by the area office of the State Department of Social Welfare. The institution must provide sufficient information to the State Department of Social Welfare upon which to make a valid certification of aid. (The addresses of the area offices and the names of the counties they serve are listed at the end of this bulletin.) The required forms are:

CA 200 - Institution, Part One - June 1960, Application For Aid to Needy Children

CA 200 - Institution, Part Two - June 1960, Statement of Facts Relating to Eligibility For Aid to Needy Children

CA 239 - Institution (1) - Notice of Action, Aid to Needy Children (Application, Restoration, Increase, Decrease)

CA 239 - Institution (2) - Notice of Action, Discontinued Aid Payments

DO NOT WRITE IN THIS SPACE

CA 239C - Institution, Important Notice to All Recipients of Aid to Needy Children

CA 278M - Institution, Authority to Start, Change or Stop Aid Payments

CA 800 - Institution, Institution Aid Affidavit to Accompany Monthly Claim For Aid

CA 801 - Institution, Monthly Claim for State Aid to Needy Children

These forms may be secured without cost from the Central Office of the State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California.

I. APPLICATION FOR AID TO NEEDY CHILDREN, FORM CA 200-I, PARTS ONE AND TWO

A. General

Form CA 200-Institutions, Parts One and Two, Revised June 1960, is the application jointly of the institution and the parent to the State Department of Social Welfare for state funds for the child or children whom the institution is maintaining and whom the institution believes may be eligible to receive ANC. The application is made by the institution if the parent cannot be located, or is unwilling to apply, or both parents are dead. The form shall be completed for all the children of one family whom the institution is maintaining, i.e., children having both parents in common. If ANC is being requested for children who have only one parent in common, e.g., half-brother and sister, separate applications shall be completed.

Form CA 200-Institution, Parts One and Two, shall be completed in duplicate. The original and the copy shall be forwarded to the area office of the State Department of Social Welfare. The copy will be returned to the institution to be retained in the case file.

B. Instructions for Completion of Form CA 200-I, Part One

Upper right hand corner: The State Number is inserted on the institution's copy by the area office of the State Department of Social Welfare.

Former State Number If Reapplication or Additional Child: If state funds are requested for an additional child of the same family group already receiving ANC in the institution, the state number for the family shall be inserted.

Name of Institution: Enter the name of the institution.

Name of Applicant: Enter the name of the person (e.g., parent, legal guardian) making application, and show relationship, if any, to children.

Authorized Institution Representative: Enter the name of the superintendent or other person authorized to represent the institution, which is making application. Show title of person.

DO NOT WRITE IN THIS SPACE

Full Name of Child: Enter the surname and given name for each child of the same parents for whom ANC is requested.

Signature of Applicant (Parent): Obtain signature of parent whenever possible.

Authorized Institution Representative: This form shall be signed by the superintendent or other person authorized to represent the institution.

II. DETERMINATION OF ELIGIBILITY

It will be noted that the Manual of Policies and Procedures--Aid to Needy Children, was prepared primarily for the use of the counties. Therefore, many sections of the manual do not have the same connotation for the institution filing ANC applications with the State Department of Social Welfare. For instance, the "applicant" or "payee" is usually the parent, relative or legal guardian with whom the child is living. When an institution is maintaining a child, it joins with his parent or legal guardian in filing application for state funds to the extent of ANC funds available. However, in either event, the points of eligibility set forth in the Welfare and Institutions Code, the regulations of the State Department of Social Welfare, and the general provisions in the manual for determining eligibility shall be followed by the institutions, as well as by the counties. Necessarily, there must be sufficient variation in procedure and in certain policies to permit adaptability.

Institutions filing applications direct with the State Department of Social Welfare shall be governed by the ANC manual where the procedure set forth therein is applicable to the individual situation. The entire sections on Deprivation and Age are ... basic for the determination of the deprivation of parental support or care, for the birth date, and for eligibility of children over 16 years of age. Most of the sections on Property and Income are applicable to children under the care of an institution. The chapter on Responsible Relatives with respect to the responsibility of parents, obtaining support from absent parents, and referral and notification to the District Attorney are applicable. The section on State Residence is important because for the child not born in California state residence must always be established. Determination of county responsibility for payment need not be done for children maintained by an institution. The chapter on Institutional Status is applicable for children who need care in a public medical institution.

III. COMPLETION OF PART TWO OF THE APPLICATION FOR AID TO NEEDY CHILDREN-STATEMENT OF FACTS RELATING TO ELIGIBILITY FOR AID TO NEEDY CHILDREN

Application - Redetermination: Check the appropriate box to indicate whether the form is being completed as part of the application or as the recipient's affirmation for a redetermination of eligibility.

Identifying Information: Enter the name of parent or legal guardian; address; relationship to children; and case number as provided.

DO NOT WRITE IN THIS SPACE

A. Birth date(s): Enter the full name of all children who were included on Part One of the application. Enter the month, day, and year of birth of each child and the name of the state in which the child was born.

B. Residence: If state residence of the child is established by the residence of the parent, or by the child's own physical presence, enter the individual's name and show date he last came to California. Where a child's residence is established by the residence of the parent, enter the parent's name only. It is not necessary to indicate the name of the child born in California as shown in "A" above.

C. Deprivation Status: Enter the name of the parent whose death, absence, or incapacity results in deprivation of support or care of the child.

Place a check mark under appropriate heading describing deprivation.

D. Eligibility of 16-17-year-old child: Enter name of child 16 or 17 years of age and indicate by check mark under appropriate heading whether the child is regularly attending school, is disabled, or is employed and contributing to his own support.

E. Real Property: Enter "yes" if any or all of the children or either of the parents, including absent parent, own, have any interest in real property, or are making payments on real property. Otherwise, enter "no." List the name of the title holder and describe as "house," "vacant lot," "20-acre farm," etc.

F. Personal Property: Enter "yes" if any or all of the children or either or both of the parents of the child in the institution have personal property. Otherwise, enter "no." List the names of persons owning personal property and describe kind of personal property.

G. List Any Real or Personal Property Disposed of During the Last Year: If any property owned by parents, including the absent parent, and/or children was disposed of during the last year, list by type of property, as "house and lot," "automobile," "savings bonds," etc.

H. Is Either Parent or the Child Employed?: Enter "yes" if any such person is employed and list name of person, name of employer, and amount of weekly or monthly wages earned.

J. List Approximate Income Received by Family: If the family has been in receipt of income over the last three months, list source of income and the amount received. On redeterminations worker and recipient should review income received over previous year, and enter the total income received by source.

Signature of Parent: The parent is to make his usual signature. A woman is to use her own given name, not her husband's given name. A parent who usually prints his name may sign his name in this manner. A typewritten name, a carbon copy of a signature, or a rubber stamp imprint is not an acceptable signature. If the applicant is unable to sign his name, a mark or thumbprint may be used. In this case, the signature of two persons are required as witnesses.

Acknowledgement: The parent's signature on this application is to be acknowledged under oath.

Signature of Qualified Institution Representative: The individual representing the institution must sign this document.

FOR INSTITUTION USE ONLY: How Established: In Column indicated for Institution Use Only, the worker is to record opposite the statement (completed by the applicant) how the facts relating to eligibility have been established. The recording must be brief and concise. It is suggested that short phrases be used, e.g., "parent's statement," "birth certificate seen" (followed by date), "tax receipt seen," "school contacted," etc., or other appropriate recording as is necessary.

Opposite statements regarding real and personal property, total value of property should be shown in order to establish that the applicant's total value of property does not exceed the maximum allowable.

Reference should be made to detail on forms in the case record or in the narrative recording.

Summary of Major Problems: Identify and record by brief recording the major problem or problems of the family requiring agency help. Sufficient recording should be included to describe the need for institutional care, and the factors leading toward application for aid. This will provide a basis for the social plan that the institution plans to follow to meet the problem(s) of the children or family.

Explanation: (See reverse of this form): Where there is conflicting evidence or it is necessary to augment statement of facts relating to eligibility, the additional statement can be recorded on the reverse side of the form.

DO NOT WRITE IN THIS SPACE

V. AMOUNT OF STATE FUNDS AVAILABLE UNDER ANC PROGRAM

The amount payable to an institution on behalf of a needy child under the provisions of W&I Code Section 1557 is 67.5 percent of the cost not to exceed $85 or a maximum of $57.37 per month.

If the contribution of a parent or other income for the specific support of a child, is less than the institution's charge for care for the child, the institution may request state funds in the amount which is the difference between such income and the charge for care, except that state funds payable may not exceed 67.5 percent of $85, or $57.37 per month.

EXAMPLE 1: Payment by the father for a child under the supervision of the institution is being received. After deducting the income from the institution cost of care there remains a $40.00 net cost to the institution. State reimbursement is available at the rate of 67.5 percent of the $40.00 net cost or $27.00 for the month.

EXAMPLE 2: The child receives $23.00 a month from a trust fund. After deducting the income from the institution cost of care there remains a net cost of $67.00 to the institution.

Reimbursement is available at the rate of 67.5 percent of the $67 net cost or $45.23 for the month.

If eligibility is established, state funds are available from the date the application, Form CA 200-I, Part One, is signed by the institution representative unless the institution indicates that the child's eligibility did not begin until a later specified date.

If a child is in an institution or in care of the institution for less than a full month the amount paid is prorated on the basis of the number of days the child is in the boarding home or institution.

If the child is not in the care of the institution on the first of the month but is received during the month, claim may be made for the portion of the month that the child is in the institution or boarding home.

State funds will be allowed for the full month during which the 18th birthday occurred if the child remains in the boarding home or institution for the full month. Exception: The child whose 18th birthday falls on the first day of the month is not eligible to receive ANC for that month.

DO NOT WRITE IN THIS SPACE

V. THE PROCESS OF PAYING ANC IN PLACEMENT - GENERAL INFORMATION

A. Determination of Amount of Aid to Needy Children Payment (BHI)

The purpose of the Aid to Needy Children foster care payment is to provide a standard of care which will promote physical, mental, and spiritual growth and health, and will offer opportunity for participation in community life.

For children living in the institution the rate is based on the cost of the various need items as shown by cost studies.

B. Determination of Amount of Income Available for Care of Child

1. Received by Child: If income is received by the child, a determination must be made of the amount available for his support in foster care or in the institution.

   If the income is from the child's earnings, the net amount available for his support is determined by the procedure shown in the appropriate manual section. (Manual Sections C-212.30 and C-212.67)

2. Received by Parent: Income received by a parent is considered in determining the amount of grant for the child in foster care only to the extent that it is made available to the institution for the child's support. If the parent receives income which is not made available for the support of the child, it is considered only potential income. However, every effort must be made to obtain support for the child.

VI. CALIFORNIA ANC REQUIREMENTS TO OBTAIN SUPPORT FOR CHILDREN FROM ABSENT PARENTS

State laws define the responsibilities of the state and local agencies (institutions) in obtaining support from a parent. These laws require the institution to cooperate with the district attorney in obtaining support as well as to continuously determine and utilize all resources available to a child including the support received from the parent.

Referral to the district attorney at time of application in cases where the absent parent's whereabouts is unknown, and notification to the district attorney when aid is granted are required.

Also W&I Code 1572 defines the circumstances under which there is refusal to cooperate with law-enforcement officers.

In 1951, the California Legislature enacted the Uniform Reciprocal Enforcement of Support Law which allowed for interstate cooperation in regard to absent parents and the obtaining of support.

A. How Support is Obtained:

The following are the usual methods for obtaining support from absent parents:

1. Voluntary Agreement Between Parents

When there is ability and willingness on the part of the absent parent to contribute to support, the parents may have reached voluntary accord which is adequate and reasonable under the circumstances.

DO NOT WRITE IN THIS SPACE

2. Voluntary Agreement With Cooperation Between Parents and Institutions:

The institution has the responsibility for exploring and developing potential income and resources to the ANC family. Casework services should be provided in assisting the parents to voluntarily make as adequate a plan as is possible.

3. Voluntary Agreement With Cooperation Between Parents and District Attorney:

When a referral has been made to the district attorney for action, that office determines the ability and willingness of the absent parent to contribute to the support of his child.

4. Civil Action

Civil Action in which support is ordered, such as in divorce or separate maintenance, may result in a court order for support, either for the wife, the child, or for both wife and child. Failure to comply with the terms of a court order could subject the parent to contempt of court proceedings.

5. Criminal Action

Willful failure of a parent to provide necessary food, clothing, shelter, medical attendance or other remedial care for a child is a misdemeanor. While criminal action in itself may not be a method for obtaining support, often the absent parent's acceptance of liability is made in lieu of any further action. Payment of support in the amount of the court order may be a condition of probation.

6. Proceeding Under Uniform Reciprocal Enforcement of Support Law

All states have now adopted Reciprocal Enforcement of Support Legislation which makes it possible to obtain support from parent absent in another state. Civil proceedings are begun in the state where the child lives and are forwarded to the courts of the state where the absent parent lives for a determination of liability and for enforcement of support. The reciprocal laws also provide a simplified procedure in criminal prosecution for nonsupport.

7. Referral and Notification to the District Attorney

The institution is required to refer the case to the district attorney at the time of application if the whereabouts of the parents is unknown. The institution must notify the district attorney when aid is granted in absent parent nonsupport cases. (Section 1573 W&IC.) The suggested form is - Notice to District Attorney of Desertion or Abandonment Under Section 1573 of the Welfare and Institutions Code. This form can be obtained from the State Department of Social Welfare, 722 Capitol Avenue, Sacramento 14, California.

DO NOT WRITE IN THIS SPACE

The district attorney should not be notified if:

a. it is definitely established that the parent is financially incapable of providing support or more than he is providing currently;

b. if the father is contributing according to his ability;

c. the child has been relinquished for adoption or the mother is exploring plans for adoption of the child;

d. legal action has failed to establish paternity;

e. if the father is in a penal or mental institution;

f. there has been no substantial change in the parents' circumstances since a legal determination of his ability to support has been made.

B. Determination of Ability to Support

To provide for an equitable and efficient determination of ability to support, a suggested "Guide to Ability of Absent Parent to Support" has been prepared.

A "Statement of Parent Living Apart From Child" concerning the absent parent's income, contributions, dependents, unusual expenses, etc., is completed by the parent and the caseworker. This form is not to be mailed out to a parent but should be used as a casework tool to help determine the amount the parent is able and willing to contribute. After determining net income available to the absent parent, the ability to support is determined using the guide as a basis.

Whenever it appears necessary or reasonably applicable to establish other amounts, institutions may utilize the guide as indicated to meet local circumstances. Unusual expenses, based upon individual circumstances when properly verified, should be given consideration when determining the ability of an absent parent to support.

C. Guide to the Ability of Absent Parent to Support

1. Statement of Absent Parent and Contribution Scale

a. To provide for an efficient determination of the ability of the absent parent to contribute, the "Statement of Parent Living Apart From Child" should be completed by the worker and absent parent together.

(1) Actual cash income (line 6) is determined by declaration of take-home pay, income from self-employment, and other income received by the absent parent.

DO NOT WRITE IN THIS SPACE

(2) Unusual expenses-verified and allowed by county should be shown by item and amount on line 7. (Omit if no unusual expenses are to be allowed.) Total amount allowed should be listed in space provided.

(3) Total net monthly income is determined by deducting the amount allowed for unusual expenses from the absent parent's actual cash income (line 6). (Omit if no unusual expenses are to be allowed.)

(4) Amount shown in line 8 as total net monthly income is the amount to be used in determining ability of the absent parent to contribute.

b. Contribution Scale

(1) Total net monthly income as shown on Statement of Absent Parent (line 8) should be located in Column A on the Contribution Scale.

(2) Under B, 1 through 5, the proper column should be referred to depending on the number of persons dependent on the income of the absent parent.

(3) The maximum required monthly contribution will be indicated under the designated column. The scale amount represents the amount the absent parent is able to contribute after consideration of needs, income, and the exemption provided as an incentive allowance.

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
FOR FILING ADMINISTRATIVE REGULATIONS
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

DO NOT WRITE IN THIS SPACE

2. Statement of Parent Living Apart From Child - (Suggested Form)

I, _____, residing at _____ the father_____ or
Name of Parent
mother_____ of _____
Name of child(ren)
Total number of children_____, do hereby make the following statement concerning my income, dependent(s), unusual expenses and obligations as well as contributions to the above-named child(ren).

1. I am now contributing $_____ toward the support of my child(ren). I am now providing the following for my child(ren): Clothing_____ _____; Medical _____ _____;
Yes No Yes No
Other _____

I am not contributing _____

2. I am under court order to pay $_____ monthly for the support of my child(ren).

3. I am: Unmarried _____; Married _____; Divorced _____; Separated _____; Remarried _____.

4. I have the following person(s) other than child(ren) listed above dependent upon me:

Name	Relationship
_____	_____
_____	_____
_____	_____

5. Income: (a) I have_____ _____ take-home pay (the amount of earnings received after
(monthly) (weekly)
all involuntary deductions) in the amount of . . . . . $_____

Name and address of employer: _____

_____

(b) I am self-employed and my total gross income is. . . . . $_____

Expenses for obtaining this income are:

Type of Expenses	Amount per Month
_____	_____
_____	_____
_____	_____

Total Expense $_____

(c) I have other income in the total monthly amount of . . . . . $_____

Specify _____

6. My actual cash income is . . . . . $_____

7. The following unusual expenses have been allowed in determining ability to contribute:

Item	Amount per Month
_____	_____
_____	_____

8. My total net monthly income is . . . . . $_____

9. According to the "Contribution Scale" (reverse side), I am able to contribute to the support of my child(ren) in the amount of. . . . . $_____

10. I will, from _____ 196__, contribute $_____ toward the support of the child(ren) named above.

_____
Signature of Parent

3. Token Payment by the Absent Parent

The absent parent who is unable to contribute the amount as shown by the scale should make some payment as contribution to the support of the family. While this may only represent a token payment, it will indicate a degree of responsibility and may lead to increased support in the future.

D. Redetermination of Ability to Support

A periodic redetermination of the absent parent's ability to support must be made as the situation indicates (but at no greater than 12-month intervals). Where an agency has been responsible for obtaining support from the absent parent, that agency may also take responsibility for the redetermination of his ability. However, it is recommended that if possible an agreement be made with the district attorney, probation department, or court that the agency or institution (which is responsible for redetermination of eligibility to Aid to Needy Children) take the responsibility for determining ability to support in all cases.

Where it is found that the circumstances of the parent have changed, the institution should:

1. Where the parent is contributing voluntarily, recompute his ability to support and obtain his agreement to pay in the recomputed amount.

2. Where the parent is contributing under court order, notify the appropriate agency of the change in circumstances unless the court order specifies that the agency or institution may redetermine ability to support. If the latter is the case, the agency or institution should recompute ability, obtain the new agreement with the parent and obtain concurrence of that agency.

3. Where income fluctuates markedly it would be especially indicated that the agency or institution be given this responsibility for court as well as noncourt cases.

(See next page for Contribution Scale)

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

FORM 400A

CONTINUATION SHEET
R FILING ADMINISTRATIVE REGULAT S
WITH THE SECRETARY OF STATE
(Pursuant to Government Code Section 11380.1)

Contribution Scale

(This guide is suggested as a means for a more equitable and efficient determination of ability to support. It is recognized that it may be necessary and reasonable to revise these amounts in individual situations.)

A. TOTAL NET INCOME OF ABSENT PARENT	(1)	B. MAXIMUM REQUIRED MONTHLY CONTRIBUTIONS Number of Persons Dependent Upon Income (2)	(3)	(4)	(5)
160-169	$ 0	$ 0	$ 0	$ 0	$ 0
170-179	6	0	0	0	0
180-189	14	0	0	0	0
190-199	22	0	0	0	0
200-209	30	0	0	0	0
210-219	38	3	0	0	0
220-229	46	11	0	0	0
230-239	54	19	0	0	0
240-249	62	27	0	0	0
250-259	70	35	0	0	0
260-269	78	43	6	0	0
270-279	86	51	14	0	0
280-289	94	59	22	0	0
290-299	102	67	30	0	0
300-309	110	75	38	0	0
310-319	118	83	46	6	0
320-329	126	91	54	14	0
330-339	134	99	62	22	0
340-349	142	107	70	30	0
350-359	150	115	78	38	0
360-369	158	123	86	46	6

DO NOT WRITE IN THIS SPACE

VII. Preparation of Form CA-278M-Institution

Form CA 278M-Institution is to be submitted to the State Department of Social Welfare Area Office for each new or restored case, increase or decrease in amount of support (subject to modifications below) and discontinuance of a total case. The form is to be prepared by the institution except for items noted below.

There are two sections showing amount of support for each child listed. The top section is completed for new cases and restorations; the bottom section for changes in amount of support, and for addition or discontinuance of one or more children when there are two or more children in the same case receiving aid, and the total case is not discontinued. The form is generally self-explanatory except for the following entries:

Amount of Support - Initial Payment or Restoration

Enter under this heading the net cost of support for each child listed. The net cost of support is the established cost minus any income of the child paid to the institution for support.

The institution shall maintain adequate cost records for audit purposes.

If aid is authorized effective on a day subsequent to the first day of the month and the institution uses a prorata cost per child per month, the full monthly rate (less income) shall be entered. The SDSW will compute the amount for the portion of the month when the effective date is determined, and will make appropriate notations on the Form CA 278M-I as to amount to be claimed for the initial month. Continuing cost of support will then be claimed for subsequent months at the full rate shown by the institution.

Code

This is to indicate whether the child is receiving care in the institution or in a family home. Show "I" for institutional care, "F" for family home care.

Certification

The certification section will be completed by the SDSW, signed by the authorized person and dated as of the day authorizing action is taken.

Increase, Decrease, Effective Date

Check appropriate box for increase or decrease. Effective date for new or restored cases of children will be completed by the State Department of Social Welfare. Effective date for increases, decreases or discontinuances will be entered by the institution. Date shown will be the last day of the month preceding the month for which aid is to be discontinued, and the first day of the month for which increase or decrease is to be effective.

DO NOT WRITE IN THIS SPACE

Amount of Support - Increase or Decrease

The continuing amount of support prior to the grant change is shown under "Amount From" the new amount under "Amount To."

The "Increase or Decrease" section is used

1. to show change in amount of support.

2. To show discontinuance of one or more children but not the total case. (Check "decrease" box, show prior grant in "Amount From" column and show "0" in "Amount To" column.)

3. To show increase or decrease in cost of institutional care.

If a child becomes ineligible during the month but remains under the care of the institution for the full month, state participation is available for the full month. No proration is necessary. A 278 M-I is not required to reflect the change that occurred during the month.

A document must be processed to discontinue aid at the end of the month.

Reason

In this section enter the reason for discontinuance or change in grant, such as "John became 18 on February 20," "Contribution from father $90 per month," "Child adopted as of May 1," etc.

Explanation

This is to provide for explanation and data regarding unusual circumstances.

VIII. Forms to Claim Aid

A. Use of Form CA 800-I Revised June 1960 - Institution Care Certification

Following the heading of the form a physical count of the number of children included in Column 1 of Form CA 801 will be shown in the item titled Number of Children Receiving Support. In Item A show the total amount of support given during the month which is the total of Column 3 from Form CA 801-I. Item B, the amount in excess of state basis, is the amount shown as the total of Column 4 from Form CA 801-I. Item C, the basis for state participation, is the total amount of support given during the month (Item A) less the amount by which the support for each individual child exceeded the state basis of $85. Item D is the state share. This is determined by multiplying Item C (the basis for state participation) by 67.5 percent as provided in Section 1557 of the Welfare and Institutions Code. Items E and F will be left blank for state use only.

The person responsible for the administration of the institution will sign the certification showing his title and the date on which the certification is accomplished.

B. Use of Form CA 801-I Revised June 1960 - Monthly Institution Payroll (Contra Roll)

In Column 1 show the name of each child separately. In column 2 list the type of support given. If the child is receiving care in the institution, the type of support is institutional and the code symbol "I" will be shown. If the child had been placed in a foster home outside of the institution show "FH." In Column 3 show the amount of support paid to each individual child shown in Column 1. In Column 4 show the amount by which the support exceeds the state basis of $85, i.e., whenever the amount shown for an individual child shown in Column 3 is more than $85 the amount by which Column 3 exceeds $85 will be shown in Column 4. If the amount in Column 3 is $85 or less for an individual child, Column 4 will be left blank or it will show a zero.

IX. Actions Restoring, Increasing, Decreasing or Discontinuing Aid

A. Restoration of Aid

The institution shall submit to the appropriate area office, Form CA 200-I Part Two, completed to cover the eligibility point or points which caused the discontinuance; and Form CA 278M-I.

B. Increase or Decrease in Aid

The institution shall submit to the appropriate area office CA 278M-I to increase or decrease aid.

C. Discontinuance of Aid

The institution shall submit to the appropriate area office CA 278M-I to discontinue aid.

X. Redetermination of Eligibility

In order that there will be assurance that children for whom ANC is being paid remain eligible to receive public funds, redetermination of their eligibility shall be made at least annually. Redetermination is necessary at more frequent intervals in cases where a change in the status of the parents, assets, or income raises a question of continued eligibility. All evidence, including the narrative history, must be reevaluated at the time of redetermination in accordance with the current rules and regulations of the State Department of Social Welfare and the Welfare and Institutions Code. The case record must show the steps taken by the institution to secure any additional required evidence establishing continued eligibility.

DO NOT WRITE IN THIS SPACE

For current cases redetermination of eligibility shall be due in the anniversary month of approval by the State Department of Social Welfare. When eligibility has been redetermined, CA 200 I, Part Two, shall be completed in duplicate and marked "Redetermination." The original shall be sent to the Area Office of the State Department of Social Welfare and the copy shall be retained in the institution case file.

XI. Additional Instructions - Maternity Homes

The Application, Form CA 200-I, Parts One and Two

When an application is being made by a maternity home for state funds for an unborn child, the Form CA 200-Institution, Parts One and Two, shall be completed as described in this bulletin, except that in Item I, the "Given Name" of the child shall be entered as "unborn."

XII. Forms Used By the Institution

A. Form CA 239-I, (1) Notice of Action Application, Restoration, Increase, Decrease

Form CA 239-I, (1) including all the information appearing on both the face and reverse of the CA 239-I, (1) is used to meet the institution's responsibility for notifying the parent of its action - application, restoration, increase or decrease. The form CA 239-I, (1) is a letter to the individual and the statement is the institution's explanation of the reason for the action.

B. CA 239-I, (2) Notice of Action By Institution To Parent

Form CA 239-I, (2) including all the information appearing on both the face and the reverse of the CA 239-I, (2) is used to meet the institution's responsibility for notifying the applicant or recipient of its action, discontinuing of aid. The Form CA 239-I, (2) is a letter to the individual and the statement inserted on the face of the form following the word "because" is the institution's explanation to him of the reason for its action.

C. CA 239C-I, Important Notice to All ANC Recipients

Form CA 239C-I is used to notify the parent of his obligation to report any change in his circumstances. The form will be sent on all new cases and restorations and on continuing cases at least semi-annually or at other times the institution believes notification would be of particular significance.

XIII. Review of Case Records by State Department of Social Welfare

On any case in which ANC funds have been paid or are being paid the institution must make available the record for review upon request of the State Department of Social Welfare.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

XIV. Case Records

The institution shall maintain case records containing all information regarding each child for whom application is made or who is receiving assistance, including the evidence on which determination of eligibility is based.

The case record shall contain a social history, and subsequent narrative entries. It shall also include, in a uniform arrangement, copies of all forms completed in connection with an application and determination of eligibility, including copies of all forms required for submission to the State Department of Social Welfare, and copies of all correspondence.

One copy each of such forms, documents, and records shall be preserved irrespective of the length of time payment of state funds may have been discontinued.

For the Confidential Nature of Records, see Manual Section C-022 et. seq.

XV. Addresses of the Area Offices of the State Department of Social Welfare and Counties They Serve

Sacramento Area Office: 1530 Capitol Avenue : Sacramento, California:	Alpine Amador Butte Calaveras Colusa El Dorado Fresno Glenn Kings Lassen	Madera Mariposa Merced Modoc Nevada Placer Plumas Sacramento San Joaquin Shasta	Sierra Siskiyou Stanislaus Sutter Tehama Trinity Tulare Tuolumne Yolo Yuba
San Francisco Area Office: Pacific Building : 821 Market Street : San Francisco, California:	Alameda Contra Costa Del Norte Mendocino Humboldt	Lake Marin Monterey Napa San Benito	San Francisco Solano Santa Cruz Santa Clara San Mateo Sonoma
Los Angeles Area Office: Room 6009 : State Office Bldg., #2 : 107 So. Broadway : Los Angeles 12, : California :	Imperial Inyo Kern Los Angeles	Mono Orange Riverside San Bernardino	San Diego San Luis Obispo Santa Barbara Ventura

Attachments